#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,513

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT	- AGED	AID CODE	10		
					MON	THLY AVERA	GE
2,697 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
_,	******	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,962	22,406 \$	888,676.02	\$ 39.66	8.308 \$		\$ 329.51
@PHYSICIANS SERVICES	370	1,572 \$		\$ 14.78	.583 \$		
OUTPATIENT VISITS	5	6	167.80	27.97	.002	33.56	.06
OFFICE VISITS	5	6	167.80	27.97	.002	33.56	.06
	0	0		.00	.002	.00	.00
HOME VISITS	0	0	.00				
EMERGENCY ROOM	U		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	5.64	2.82	.001	5.64	.00
	1	2	25.53				
RADIOLOGY	0	0	.00	12.77	.001	25.53	.01
PSYCHIATRY	1	1		.00	.000	.00	.00
IMMUNIZATION AND INJECTION			10.00	10.00	.000	10.00	.00
OTHER SERVICES/ALL X-OVERS	365	1,561	23,026.00	14.75	.579	63.08	8.54
@PHARMACY	1,677	12,487 \$		\$ 32.39	4.630 \$		
PRESCRIPTION DRUGS	1,657	6,409	391,700.14	61.12	2.376	236.39	145.24
SNF/ICF	74	398	19,844.63	49.86	.148	268.17	7.36
OUTPATIENTS	1,604	6,011	371 , 855.51	61.86	2.229	231.83	137.88
MEDICAL SUPPLIES	128	6,078	12 , 757.79	2.10	2.254	99.67	4.73
@DENTIST	86	282 \$	17,088.51	\$ 60.60	.105 \$		
VISITS - DIAGNOSTIC	56	165	2,387.00	14.47	.061	42.63	.89
ORAL SURGERY	9	34	1,509.00	44.38	.013	167.67	.56
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	3	455.00	151.67	.001	151.67	.17
ENDODONTICS	3	8	2,085.00	260.63	.003	695.00	.77
RESTORATIVE DENTISTRY	15	30	4,799.00	159.97	.011	319.93	1.78
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	23	42	5,853.51	139.37	.016	254.50	2.17
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	V	Ŭ	:00	• 00	• • • • •	.00	• • • •

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,514 MOP024

FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

NEVADA COUNTI	SUMMARI OF SERV	ICES FOR C	ASH GRA	ANI -	AGED		AID CODE		~ » т m		~ =	
								M			GE.	
2,697 ELIGIBLES	USERS	UNITS OF S			EXPENDITURES		ERAGE COST					COST PER
		OR DAYS C					R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	42		94	\$	•	\$.035	\$	45.46	\$.71
DIAGNOSTIC AND ANC. PROCED	3		3		102.91		34.30	.001		34.30		.04
EYE APPLIANCES	24		65		1,108.33		17.05	.024		46.18		.41
OTHER OPTOMETRIC SERVICES	18		26		698.08		26.85	.010		38.78		.26
@CHIROPRACTOR	8		16	\$	210.76	\$	13.17	.006	\$	26.35	\$.08
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	8		16		210.76		13.17	.006		26.35		.08
@PODIATRIST	56		79	\$	607.53	\$	7.69	.029	\$	10.85	\$.23
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	56		79		607.53		7.69	.029		10.85		.23
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1		11	\$	29.17	\$	2.65	.004		29.17	\$.01
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$		\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	1		1	\$		\$	18.10	.000		18.10		.01
@TOTAL HOSPITAL	308	1,		S			82.02	.594		426.59		48.72
HOSP INPATIENT TOTAL	52	-/	299	7	100,163.40	- T	334.99	.111	т.	1926.22	7	37.14
HSC HOSPITALS	0		0					.000		.00		.00
NON-HSC HOSPITAL TOTAL	6		68		69,058.44		.00 1015.57 412.73 221.95	.025		11509.74		25.61
ACCOMMODATIONS	6		68		28,065.76		412 73	.025		4677.63		10.41
ADMINISTRATIVE DAYS	1		3		665.86		221 95	.001		665.86		.25
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6		65		27,399.90		421.54	.024		4566.65		10.16
ANCILLARIES	6		0		40,992.68		.00	.000		6832.11		15.20
INPATIENT CROSSOVERS	46		231		31,104.96		134.65	.086		676.19		11.53
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	263	1,					23.96	.483		118.73		11.58
MEDICAL	203	⊥,	0		31 , 225.85		.00	.000		.00		.00
	0		0							.00		.00
SURGERY	2		8		.00		.00	.000				
PATHOLOGY	∠ 1		8		102.55 70.12		12.82 35.06	.003		51.28 70.12		.04
RADIOLOGY	0		0					.001				
ROOM USE	· · · · · · · · · · · · · · · · · · ·	1,	202		.00		.00	.000		.00 119.44		.00
CROSSOVERS/ALL OTH OUTPINT	260	⊥,		Ċ	31,053.18	÷	24.02	.479	ċ		Ċ	11.51
@COUNTY HOSPITAL TOTAL	•		0	\$		\$.00	.000	Ş	.00	Þ	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	U		-		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

01/17/03

0 0 .00 .00 .000 .00 .00 RADIOLOGY 0 0 .00 ROOM USE .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,515

01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

FEE-FOR-SERVICE/DENTAL

MOP024

NEVADA COUNTY	SUMMARY OF SERVICE	ES FOR CASH GR	ANT	- AGED		AID CODE	10				
							MC	NT	HLY AVERA	GE	
2,697 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	5	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	308	1,602	\$	131,389.25	\$	82.02	.594	\$	426.59	\$	48.72
COMM HOSP INPATIENT TOTAL	52	299		100,163.40		334.99	.111		1926.22		37.14
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	6	68		69,058.44		1015.57	.025		11509.74		25.61
ACCOMMODATIONS	6	68		28,065.76		412.73	.025		4677.63		10.41
ADMINISTRATIVE DAYS	1	3		665.86		221.95	.001		665.86		.25
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	65		27,399.90		421.54	.024		4566.65		10.16
ANCILLARIES	6	0		40,992.68		.00	.000		6832.11		15.20
INPATIENT CROSSOVERS	46	231		31,104.96		134.65	.086		676.19		11.53
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	263	1,303		31,225.85		23.96	.483		118.73		11.58
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	8		102.55		12.82	.003		51.28		.04
RADIOLOGY	1	2		70.12		35.06	.001		70.12		.03
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	•	1,293		31,053.18		24.02	.479		119.44		11.51
@STATE HOSPITAL	0	1,233	\$.00	\$.00	.000	¢		\$.00
MENTALLY ILL	0	0	٧	.00	۲	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	66	1,419	Ś	225,027.95	\$	158.58		Ċ	3409.51	Ċ	83.44
LEV A-INTERMEDIATE	0	1,419	Y	.00	۲	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-REHAD MD LEV B-SUBACUTE FREESTANDING	•	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	66	1,419		225,027.95		158.58	.526		3409.51		83.44
@INTERMEDIATE CARE FACILDD	0	1,419	Ś	.00	Ś	.00	.000	ċ	.00	ċ	.00
ICF DDH	0	0	Ą	.00	Ş	.00	.000	Ą	.00	ې	.00
ICF DD	0	0				.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000				.00
	23	26	\$.00	Ċ	399.39	.010	ċ	.00 451.49	Ś	3.85
@HEMODIALYSIS TOTAL	23	20	Þ	10,384.16	\$.00	.010	Ş	.00	Ş	.00
HOSPITAL BASED	23	26		.00					451.49		
HEMODIALYSIS CENTER	23	20	\$	10,384.16	ċ	399.39	.010	Ċ		ċ	3.85
@REHABILITATION FACILITY	0	0	Þ	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	U	1	<u> </u>	.00	^	.00	.000	<u> </u>	.00	<u> </u>	.00
@LABORATORY FACILITY	1	_	\$	23.15	\$	23.15	.000	Ş		\$.01
PATHOLOGY	U	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	1	_	23.15		23.15	.000		23.15		.01
@ORGANIZED OUTPATIENT CLINIC	55	100	\$	11,322.67	\$	113.23	.037	Ş	205.87	Ş	4.20
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	./	9		1,802.22		200.25	.003		257.46		. 67
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	48	91	na -	9,520.45		104.62	.034		198.34	_	3.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES N	MONTH-OF-PAYMENT R	KEPORT	FOR JAN 2	ZUUZ THRU I	EC	2002	P	PAGE 8,516

MOP024 FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 01/17/03

					MOI	NTHLY AVERA	GE
2,697 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	380	4,716 \$	62,972.55	\$ 13.35	1.749	\$ 165.72	\$ 23.35
DURABLE MED. EQUIP.	8	45	2,936.19	65.25	.017	367.02	1.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	24	34	4,998.84	147.02	.013	208.29	1.85
MEDICAL TRANSPORTATION	12	282	776.56	2.75	.105	64.71	.29
AMBULANCES/AIR TRANS	2	25	242.39	9.70	.009	121.20	.09
OTHER TRANS	2	50	92.36	1.85	.019	46.18	.03
OTHER SERVICES	8	207	441.81	2.13	.077	55.23	.16
ACUPUNCTURE	2	18	227.10	12.62	.007	113.55	.08
ADULT DAY HEALTH CARE CTR	40	516	34,461.07	66.79	.191	861.53	12.78
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	47	101	1,215.10	12.03	.037	25.85	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.65	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	8	15	272.39	18.16	.006	34.05	.10
PROSTHETICS	8	15	272.39	18.16	.006	34.05	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	9.00	9.00	.000	9.00	.00
HOSPICE SERVICES	2	9	978.64	108.74	.003	489.32	.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	269	3,694	17,097.01	4.63	1.370	63.56	6.34
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	884	6 , 072 \$	160,930.85	\$ 26.50	2.251	\$ 182.05	\$ 59.67

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,517 MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 01/17/03

						MONTHLY AVERAGE				
601 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@TOTAL, ALL PROVIDERS	420	18,666	\$	323,462.68	\$ 17.33	31.058	770.15	\$ 538.21		
@PHYSICIANS SERVICES	160	390	\$	12,620.91	\$ 32.36	.649	78.88	\$ 21.00		
OUTPATIENT VISITS	88	117		4,121.01	35.22	.195	46.83	6.86		
OFFICE VISITS	68	82		2,768.74	33.77	.136	40.72	4.61		
HOME VISITS	0	0		.00	.00	.000	.00	.00		
EMERGENCY ROOM	24	30		1,201.23	40.04	.050	50.05	2.00		
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00		
OTHER OUTPATIENT	5	5		151.04	30.21	.008	30.21	.25		
INPATIENT VISITS	2	8		465.47	58.18	.013	232.74	.77		
HOSPITAL VISITS	2	8		465.47	58.18	.013	232.74	.77		
CRITICAL CARE	0	0		.00	.00	.000	.00	.00		

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00 .00	.00
OPHTHALMOLOGICAL SERVICES 8 8 286.21 35.78 .013 35.78	.48
EXAMINATIONS 8 8 286.21 35.78 .013 35.78	.48
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00	.00
INPATIENT HOSPITAL SURGERY 2 2 1,540.08 770.04 .003 770.04	2.56
PRINCIPAL SURGEON 2 2 1,147.80 573.90 .003 573.90	1.91
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 0 0 392.28 .00 .000 .00	.65
OUTPATIENT SURGERY 8 12 666.13 55.51 .020 83.27	1.11
PRINCIPAL SURGEON 8 10 574.78 57.48 .017 71.85	.96
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 1 2 91.35 45.68 .003 91.35	.15
DIALYSIS 5 5 1,134.21 226.84 .008 226.84	1.89
PATHOLOGY 9 15 382.58 25.51 .025 42.51	.64
RADIOLOGY 27 48 1,415.38 29.49 .080 52.42	2.36
PSYCHIATRY 0 0 .00 .00 .00 .00 .00	.00
IMMUNIZATION AND INJECTION 1 1 1 10.00 10.00 .002 10.00	.02
OTHER SERVICES/ALL X-OVERS 63 174 2,599.84 14.94 .290 41.27	4.33
@PHARMACY 308 1,599 \$ 166,127.71 \$ 103.89 2.661 \$ 539.38	\$ 276.42
PRESCRIPTION DRUGS 308 1,438 160,960.44 111.93 2.393 522.60	267.82
SNF/ICF 5 46 1,411.31 30.68 .077 282.26	2.35
OUTPATIENTS 304 1,392 159,549.13 114.62 2.316 524.83	265.47
MEDICAL SUPPLIES 33 161 5,167.27 32.09 .268 156.58	8.60
@DENTIST 25 62 \$ 1,648.00 \$ 26.58 .103 \$ 65.92	\$ 2.74
VISITS - DIAGNOSTIC 23 45 973.00 21.62 .075 42.30	1.62
ORAL SURGERY 4 4 180.00 45.00 .007 45.00	.30
DRUGS 0 .00 .00 .00 .00 .00	.00
ANESTHESIA 0 0 .00 .00 .00 .00 .00	.00
PERIODONTICS 0 0 .00 .00 .00 .00	.00
ENDODONTICS 0 0 .00 .00 .00 .00 .00	.00
RESTORATIVE DENTISTRY 6 12 465.00 38.75 .020 77.50	.77
PROSTHETICS 1 1 30.00 30.00 .002 30.00	.05

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00)
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00)
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00)
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00)
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00)
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00)
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	002 THRU DEC	2002	PAGE 8,5	518
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/	/03
METANDA COLIMINA	CHMMADY OF CEDUTCES EC	OD CACH CDAM	T _ DITMD	AID CODE "	2.0			

NEVADA COUNTY	SUMMARY OF SER	VICES FOR CASH G	RANT	- BLIND		AID CODE	20				
							M	ON	THLY AVERA	GE	
601 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	Œ		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	4	\$	100.56	\$	25.14	.007	\$	100.56	\$.17
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.002		47.45		.08
EYE APPLIANCES	1	3		53.11		17.70	.005		53.11		.09
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	6	9	\$	137.71	\$	15.30	.015	\$	22.95	\$.23
MEDICINE/INJECTIONS	1	1		51.00		51.00	.002		51.00		.08
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	5	8		86.71		10.84	.013		17.34		.14
@HOME HEALTH AGENCY	2	724	\$	21,421.00	\$	29.59				\$	35.64
NURSE ANESTHESIST	2	14	\$	37.41	\$	2.67	.023	\$	18.71	\$.06
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	109	504	\$	25 , 668.85	\$	50.93	.839	\$	235.49	\$	42.71
HOSP INPATIENT TOTAL	7	24		15,519.00		646.63	.040		2217.00		25.82
HSC HOSPITALS	1	8		9,615.00		1201.88	.013		9615.00		16.00
NON-HSC HOSPITAL TOTAL	2	3 3		2,656.00		885.33	.005		1328.00		4.42
ACCOMMODATIONS	2	3		967.54		322.51	.005		483.77		1.61
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	3		967.54		322.51	.005		483.77		1.61
ANCILLARIES	2	0		1,688.46		.00	.000		844.23		2.81
INPATIENT CROSSOVERS	-	13		3,248.00		249.85	.022		812.00		5.40
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	105	480		10,149.85		21.15	.799		96.67		16.89
MEDICAL	10 7	12 7		595.19 124.95		49.60 17.85	.020		59.52 17.85		.99
SURGERY	32	134				13.68	.012		57.27		.21 3.05
PATHOLOGY	21	30		1,832.69 1,177.32		39.24	.223		56.06		1.96
RADIOLOGY ROOM USE	41	52		2,032.06		39.24	.030		49.56		3.38
CROSSOVERS/ALL OTH OUTPTNT		245		4,387.64		17.91	.408		75.65		7.30
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	ċ	.00	ċ	.00
CO HOSPITAL INPATIENT TOTAL		0	۲	.00	Ą	.00	.000	۲	.00	۲	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
111.0111111110	J	O .		.00		• 0 0	• 0 0 0		• • • •		• • • •

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DE	C 2002	PAGE 8,519
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FO	R CASH GRANT	' - BLIND	AID CODE 2	20		
				-	MON	THLY AVERAG	E

							M	TNO	HLY AVERA	GE	
601 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERA	GE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER U	NIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	109	504 \$	5	25,668.85	\$	50.93	.839	\$	235.49	\$	42.71
COMM HOSP INPATIENT TOTAL	7	24		15,519.00	6	46.63	.040		2217.00		25.82
HSC HOSPITALS	1	8		9,615.00		01.88	.013		9615.00		16.00
NON-HSC HOSPITALS TOTAL	2	3		2,656.00	8	85.33	.005		1328.00		4.42
ACCOMMODATIONS	2	3 0		967.54	3.	22.51	.005		483.77		1.61
ADMINISTRATIVE DAYS	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	0 3 0		967.54	3.	22.51	.005		483.77		1.61
ANCILLARIES	2	0		1,688.46		.00	.000		844.23		2.81
INPATIENT CROSSOVERS	4	13		3,248.00	2	49.85	.022		812.00		5.40
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	105	480		10,149.85		21.15	.799		96.67		16.89
MEDICAL	10	12		595.19		49.60	.020		59.52		.99
SURGERY	7	7		124.95		17.85	.012		17.85		.21
PATHOLOGY	32	134		1,832.69		13.68	.223		57.27		3.05
RADIOLOGY	21	30		1,177.32		39.24	.050		56.06		1.96
ROOM USE	41	52		2,032.06		39.08	.087		49.56		3.38
CROSSOVERS/ALL OTH OUTPINT	58	245		4,387.64		17.91	.408		75.65		7.30
@STATE HOSPITAL	0	0 \$	3	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	10	103 \$	5	19,153.95	\$ 1	85.96	.171	\$	1915.40	\$	31.87
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10	103		19,153.95	1	85.96	.171		1915.40		31.87
@INTERMEDIATE CARE FACILDD	0	0 \$	3	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	301 \$	5	12,720.91	\$	42.26	.501	\$	2120.15	\$	21.17
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	301		12,720.91		42.26	.501		2120.15		21.17
@REHABILITATION FACILITY	13	105 \$	3	1,618.49	\$	15.41	.175	\$	124.50	\$	2.69
HOSPITAL BASED	1	1		34.56		34.56	.002		34.56		.06
INDEPENDENT FACILITY	12	104		1,583.93		15.23	.173		131.99		2.64
@LABORATORY FACILITY	6	48 \$	\$	871.10		18.15	.080	\$		\$	1.45
PATHOLOGY	6	48		871.10		18.15	.080		145.18		1.45
XO AND OTHERS	0	0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	18	37	\$	3,671.10	\$ 99.22	.062 \$	203.95	\$ 6.11
CLINIC	0	0	·	.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	18	37		3,671.10	99.22	.062	203.95	6.11
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	RES M					PAGE 8,520
MOP024	FEE-FOR-SERVICE			01,111 01 11111111111111111111111111111		2002 111110 22	2002	01/17/03
NEVADA COUNTY		/ICES FOR CASH GF	RANT	- BLIND	AID CODE	20		01/11/00
112 11211 0001111	00111111111 01 01111	. 1020 1011 01		221.2	1112 0022	MON	THLY AVERA	GE
601 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	136	14,766	\$	57,664.98		24.569 \$	424.01	\$ 95.95
DURABLE MED. EQUIP.	7	32	·	3,048.04	•	.053	435.43	5.07
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	4		100.00	25.00	.007	25.00	.17
MEDICAL TRANSPORTATION	3	56		3,083.53	55.06 23.34	.093	1027.84	5.13
AMBULANCES/AIR TRANS	3	55		1,283.53	23.34	.092	427.84	2.14
OTHER TRANS	0	0		.00		.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.002	1800.00	3.00
ACUPUNCTURE	0	0		.00		.000		.00
ADULT DAY HEALTH CARE CTR	23	185		12,348.47	66.75	.308	536.89	20.55
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	7	16		168.48	10.53	.027	24.07	.28
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	11		1,142.38	103.85	.018	571.19	1.90
PROSTHETICS	2	11		1,142.38	103.85	.018	571.19	1.90
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2		53.20	26.60	.003	26.60	.09
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	42	7,053		32,569.10	4.62	11.735	775.45	54.19
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT	0	0		0.0	0.0	000	0.0	0.0

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

0

56

32

102

RESPIRATORY CARE PRACT.

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP**

@CALIF. CHILDREN SERVICES*

ALL OTHER PROVIDERS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,521
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

0

7,407

625

515

.00

17,787.94 \$ 34.54

.00

5,151.78

17,426.34 \$

.000

.000

12.324

27.88 1.040 \$

.00

.00

92.00

.857 \$ 174.39 \$

544.57 \$

.00

.00

8.57

29.00

29.60

.00

.00

.70

						MON	ITHLY AVERA	GE ·	
16,919 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	Ţ	ELIGIBLE
@TOTAL, ALL PROVIDERS	12,437	323 , 809	\$	9,025,240.52	\$ 27.87	19.139	725.68	\$	533.44
@PHYSICIANS SERVICES	4,149	14,596	\$	487,839.92	\$ 33.42	.863	117.58	\$	28.83
OUTPATIENT VISITS	2,584	4,253		151,649.28	35.66	.251	58.69		8.96
OFFICE VISITS	1,933	2 , 856		86,323.36	30.23	.169	44.66		5.10
HOME VISITS	5	6		337.49	56.25	.000	67.50		.02
EMERGENCY ROOM	822	1,201		59,107.92	49.22	.071	71.91		3.49

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	2	186.31	93.16	.000	186.31	.01
OTHER OUTPATIENT	173	188	5,694.20	30.29	.011	32.91	.34
INPATIENT VISITS	223	901	41,153.35	45.68	.053	184.54	2.43
HOSPITAL VISITS	174	809	36,409.47	45.01	.048	209.25	2.15
CRITICAL CARE	12	27	2,781.08	103.00	.002	231.76	.16
SNF/ICF/TRANS IP CARE	49	65	1,962.80	30.20	.004	40.06	.12
OPHTHALMOLOGICAL SERVICES	80	90	3,987.89	44.31	.005	49.85	.24
EXAMINATIONS	80	90	3,987.89	44.31	.005	49.85	.24
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	94	630	65,492.89	103.96	.037	696.73	3.87
PRINCIPAL SURGEON	72	110	50,503.59	459.12	.007	701.44	2.99
ASSISTANT SURGEON	11	11	3,486.19	316.93	.001	316.93	.21
ANESTHESIOLOGIST	34	509	11,503.11	22.60	.030	338.33	.68
OUTPATIENT SURGERY	325	770	59,084.64	76.73	.046	181.80	3.49
PRINCIPAL SURGEON	277	347	48,098.54	138.61	.021	173.64	2.84
ASSISTANT SURGEON	4	4	598.66	149.67	.000	149.67	.04
ANESTHESIOLOGIST	66	419	10,387.44	24.79	.025	157.39	.61
DIALYSIS	23	106	6,915.56	65.24	.006	300.68	.41
PATHOLOGY	323	574	11,126.99	19.39	.034	34.45	.66
RADIOLOGY	876	1,564	49,571.41	31.70	.092	56.59	2.93
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	137	315	3,644.92	11.57	.019	26.61	.22
OTHER SERVICES/ALL X-OVERS	1,599	5 , 393	95,212.99	17.65	.319	59.55	5.63
@PHARMACY	10,236	101,021 \$	4,829,493.49	\$ 47.81	5.971 \$		
PRESCRIPTION DRUGS	10,230	44,236	4,734,438.02	107.03	2.615	465.85	279.83
SNF/ICF	270	1,793	165,135.04	92.10	.106	611.61	9.76
OUTPATIENTS	9 , 946	42,443	4,569,302.98	107.66	2.509	459.41	270.07
MEDICAL SUPPLIES	537	56,785	95,055.47	1.67	3.356	177.01	5.62
@DENTIST	894	3,326 \$	144,361.15		.197 \$		
-	604	1,934	31,561.09	16.32	.114	52.25	1.87
VISITS - DIAGNOSTIC	123	438					1.13
ORAL SURGERY			19,123.37	43.66	.026	155.47	
DRUGS	14 8	14	250.00	17.86	.001	17.86	.01
ANESTHESIA	8 24	8 37	800.00	100.00	.000	100.00	.05
PERIODONTICS			6,530.00	176.49	.002	272.08	.39
ENDODONTICS	37	50	11,180.00	223.60	.003	302.16	.66
RESTORATIVE DENTISTRY	282	669	47,500.50	71.00	.040	168.44	2.81
PROSTHETICS	10	9	199.00	22.11	.001	19.90	.01
DENTURES, STAYPLATES	75	156	26,316.00	168.69	.009	350.88	1.56
SPACE MAINTAINERS	4	4	600.00	150.00	.000	150.00	.04
MAXILLOFACIAL SERVICES	2	2	266.19	133.10	.000	133.10	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	4	4	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 8,522
MOP024	FEE-FOR-SERVICE	,					01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	- DISABLED	AID CODE			
							GE
16,919 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	331	949 \$	19,502.72	\$ 20.55	.056 \$		
DIAGNOSTIC AND ANC. PROCED	133	137	6,199.85	45.25	.008	46.62	.37
EYE APPLIANCES	257	746	11,949.34	16.02	.044	46.50	.71
OTHER OPTOMETRIC SERVICES	55	66	1,353.53	20.51	.004	24.61	.08
@CHIROPRACTOR	90	144 \$	2,344.82		.009 \$		
VISITS	83	132	2,202.86	16.69	.008	26.54	.13

OTHER SERVICES	7	12	141.96	11.83	.001	20.28	.01
@PODIATRIST	142	197	\$ 3,595.70	\$ 18.25	.012	\$ 25.32	\$.21
MEDICINE/INJECTIONS	58	65	1,603.15	24.66	.004	27.64	.09
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	13.00	13.00	.000	13.00	.00
OTHER	89	131	1,979.55	15.11	.008	22.24	.12
@HOME HEALTH AGENCY	89	2,536	\$ 92,436.42	\$ 36.45	.150	\$ 1038.61	\$ 5.46
NURSE ANESTHESIST	5	74	\$ 209.94	\$ 2.84	.004	\$ 41.99	\$.01
NURSE MIDWIFE	1	2	\$ 131.58	\$ 65.79	.000	\$ 131.58	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	72	90	\$ 2,199.90	\$ 24.44	.005	\$ 30.55	\$.13
@TOTAL HOSPITAL	2,968	16,643	\$ 1,854,548.25	\$ 111.43	.984	\$ 624.85	\$ 109.61
HOSP INPATIENT TOTAL	267	1,584	1,450,151.17	915.50	.094	5431.28	85.71
HSC HOSPITALS	36	382	463,188.28	1212.53	.023	12866.34	27.38
NON-HSC HOSPITAL TOTAL	146	663	920,279.40	1388.05	.039	6303.28	54.39
ACCOMMODATIONS	145	663	258,454.73	389.83	.039	1782.45	15.28
ADMINISTRATIVE DAYS	8	145	46,379.54	319.86	.009	5797.44	2.74
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	140	518	212,075.19	409.41	.031	1514.82	12.53
ANCILLARIES	146	0	661,824.67	.00	.000	4533.05	39.12
INPATIENT CROSSOVERS	94	539	66,683.49	123.72	.032	709.40	3.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,813	15 , 059	404,397.08	26.85	.890	143.76	23.90
MEDICAL	401	589	23,147.81	39.30	.035	57.73	1.37
SURGERY	232	250	8,749.50	35.00	.015	37.71	.52
PATHOLOGY	1,112	4,549	56 , 572.21	12.44	.269	50.87	3.34
RADIOLOGY	691	1,022	85,488.13	83.65	.060	123.72	5.05
ROOM USE	1,219	1,954	83,055.61	42.51	.115	68.13	4.91
CROSSOVERS/ALL OTH OUTPINT	1,459	6,695	147,383.82	22.01	.396	101.02	8.71
@COUNTY HOSPITAL TOTAL	11	148	\$ 107,978.30	\$.009	\$ 9816.21	\$ 6.38
CO HOSPITAL INPATIENT TOTAL	1	98	106,384.78	1085.56	.006	106384.78	6.29
HSC HOSPITALS	1	53	71,656.00	1352.00	.003	71656.00	4.24

NON-HSC HOSPITALS TOTAL	1	45		34,728.78	771.75	.003	34728.78		2.05
ACCOMMODATIONS	1	45		10,408.50	231.30	.003	10408.50		.62
ADMINISTRATIVE DAYS	1	45		10,408.50	231.30	.003	10408.50		.62
TRANSITIONAL IP CARE	<u> </u>	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	1	0		24,320.28	.00	.000	24320.28		1.44
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	10	50		1,593.52	31.87	.003	159.35		.09
MEDICAL MEDICAL	3	4		329.50	82.38	.003	109.83		.02
SURGERY	1	1		11.25	11.25	.000	11.25		.02
	7	15		202.41	13.49	.001	67.47		.01
PATHOLOGY	3	5							
RADIOLOGY	3	12		100.79	20.16	.000	33.60		.01
ROOM USE	0			562.26	46.86		93.71		.03
CROSSOVERS/ALL OTH OUTPINT		13	70 140	387.31	29.79	.001	55.33	_	.02
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	ES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	IC 2002	Ρ.	AGE 8,523
MOP024	FEE-FOR-SERVICE			D.T.G.1.D.T.D.	3.70 0000	60			01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRA	4Ν.Τ	- DISABLED	AID CODE			~-	
4.5.04.0						MON			
16,919 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,961	16,495	\$	1,746,569.95	\$ 105.88	.975		\$	103.23
COMM HOSP INPATIENT TOTAL	266	1,486		1,343,766.39	904.28	.088	5051.75		79.42
HSC HOSPITALS	35	329		391,532.28	1190.07	.019	11186.64		23.14
NON-HSC HOSPITALS TOTAL	145	618		885,550.62	1432.93	.037	6107.25		52.34
ACCOMMODATIONS	144	618		248,046.23	401.37	.037	1722.54		14.66
ADMINISTRATIVE DAYS	7	100		35,971.04	359.71	.006	5138.72		2.13
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	140	518		212 , 075.19	409.41	.031	1514.82		12.53
ANCILLARIES	145	0		637,504.39	.00	.000	4396.58		37.68
INPATIENT CROSSOVERS	94	539		66,683.49	123.72	.032	709.40		3.94
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2,807	15,009		402,803.56	26.84	.887	143.50		23.81
MEDICAL	399	585		22,818.31	39.01	.035	57.19		1.35
SURGERY	231	249		8,738.25	35.09	.015	37.83		.52
PATHOLOGY	1,109	4,534		56,369.80	12.43	.268	50.83		3.33
RADIOLOGY	689	1,017		85,387.34	83.96	.060	123.93		5.05
ROOM USE	1,214	1,942		82,493.35	42.48	.115	67.95		4.88
CROSSOVERS/ALL OTH OUTPINT	1,452	6 , 682		146,996.51	22.00	.395	101.24		8.69
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	140	3,794	\$	450,689.63	\$ 118.79	.224	3219.21	\$	26.64
LEV A-INTERMEDIATE	0	, 0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
	<u> </u>								

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LEV B-REGULAR

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@HEMODIALYSIS TOTAL

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HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	39	551	\$	7,452.03	\$	13.52	.033	\$	191.08	\$. 44
GREHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY GLABORATORY FACILITY PATHOLOGY XO AND OTHERS GORGANIZED OUTPATIENT CLINIC	4	7		488.96		69.85	.000		122.24		.03
INDEPENDENT FACILITY	35	544		6,963.07		12.80	.032		198.94		.41
@LABORATORY FACILITY	371	1,682	\$	21,977.37	\$	13.07	.099	\$	59.24	\$	1.30
PATHOLOGY	366	1,620 62		21,948.25		13.55	.096		59.97		1.30
XO AND OTHERS	5	62		29.12		.47	.004				.00
@ORGANIZED OUTPATIENT CLINIC	1,093	1,941	\$	29.12 203,424.56	\$	104.80	.115	\$	186.12	\$	12.02
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	53	100		2,546.71 1,161.92 102.20 199,613.73		23.58	.006		48.05		.15
SURGICENTER	7	19 7		1,161.92		61.15	.001		165.99		.07
HEROIN DETOX CLINIC	2			102.20		14.60	.000		51.10 192.12		.01
RURAL HEALTH CLINIC	1,039	1,807		199,613.73		110.47	.107		192.12		11.80
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDIT	URES I	MONTH-OF-PAYMENT R	REPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 8,524
MOP024 NEVADA COUNTY	FEE-FOR-SERVIC	E/DENTAL									01/17/03
NEVADA COUNTY	SUMMARY OF SER	VICES FOR CASH	GRANT	- DISABLED		AID CODE					
							M				
16,919 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY				OST PER
		OR DAYS OF CA	RE .		PEI	R UNIT/DAY	PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	1,983	172,791	\$	676,933.90	\$	3.92	10.213	\$	341.37	\$	40.01
DURABLE MED. EQUIP.	301	1,032		144,710.81		140.22	.061		480.77		
BLOOD BANK	0	0		38.00		.00	.000		.00		.00
HEARING AID DISPENSERS	28	38		7,904.45		208.01	.002		282.30 205.49		. 47
MEDICAL TRANSPORTATION	216	3,354		44,386.13		13.23	.198		205.49		2.62
AMBULANCES/AIR TRANS	170	2,008		37,311.47		18.58	.119		219.48 51.63		2.21
OTHER TRANS	10	229		516.33		2.25	.014		51.63		
OTHER SERVICES	41	1,117		6,558.33		5.87	.066		159.96 40.55		.39
ACUPUNCTURE	2	5		81.10		16.22	.000		40.55		.00
ADULT DAY HEALTH CARE CTR	98	1,234		81,015.51		65.65	.073		826.69 62.67		4.79
GENETIC DISEASE TESTING	3	3		188.00		62.67	.000		62.67		.01
IHMC, MODEL-NF, NF, AIDS, MSSP	15	3,241		94,669.24		29.21	.192		6311.28		5.60
OCCUPATIONAL THERAPIST	3	33		152.56		4.62	.002		50.85		.01
OPTICIAN	322	/33		7,947.78		10.84	.043		24.68		. 47
PHYSICAL THERAPIST	/	21		427.26		20.35	.001		61.04		.03
POSTURET OF (OPTION OF OF	1	2.5.7		00.20		30.13	.000		60.26		.00
PROSTHETIST/ORTHOTISTS	/8	257		28,531.88		111.02	.015		365.79		1.69
PROSTRETICS	10	245		28,115.50		114.76	.014		413.46 41.64		1.66 .02
Develor octem	10	12		410.30		22 04	.001		41.84		.02
PSICHOLOGISI	75	242		10 402 04		22.94	.014		259.77		1.15
SPEECH AND AUDIOLOGI	7 J 1 1	242		19,402.04		110 00	.014		3618.04		2.35
MONINGE BIDEUTHC CENTEDS	0	222		39,790.41		110.00	.020				.00
TOCAL EDUCATION ACENCIES	354	24 650		106 658 53		1 33	.000 1.457		301 30		6.30
FDORT CUIDDIFMENTAL CERVICE	0	24,030		100,030.33		4.55	1.457		00		.00
RESDI SOFFIEMENIAL SERVICE	0	0		.00		.00	000		.00		.00
PED SUBACUTE REHAR/WEANING	0	0		00		00	000		.00		.00
ALL OTHER PROVIDERS	628	137 602		100 674 65		73	8 133		.00 160.31		5.95
ACALIF CHILDREN SERVICES*	254	4 220	Ś	198 891 62	Ś	47 13	249	Ś	783.04	Ś	11.76
@XOVER EXCLUDING STATE HOSP**	1.821	18.055	Ś	198,891.62 285,885.82	Ś	15.83	1.067	Ś	156.99		16.90
0ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN	GIVEN AS A SEPA	RATE INFORMATION	ITEM	ONLY;	Τ	10.00	1.007	т	100.00	Τ.	10.00
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE A	PPROPRIATE DETAT	L LIN	ES ABOVE.							
** THESE DATA ARE INCLUDED I											
#CALIF DEPT OF HEALTH SERV				MONTH-OF-PAYMENT R	REPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 8.525

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,525 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 NEVADA COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

14,046 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	7 , 167	38 , 092 \$		\$		2.712 \$	246.44		125.75
@PHYSICIANS SERVICES	3 , 395	7 , 829 \$	278,370.01	\$	35.56	.557 \$	81.99	\$	19.82
OUTPATIENT VISITS	2,895	4,156	135,230.22		32.54	.296	46.71		9.63
OFFICE VISITS	2,124	2,794	83,766.77		29.98	.199	39.44		5.96
HOME VISITS	. 0	. 0	.00		.00	.000	.00		.00
EMERGENCY ROOM	955	1,222	46,250.32		37.85	.087	48.43		3.29
PREVENTIVE CARE	8	9	404.77		44.97	.001	50.60		.03
OB VISITS/COMPRE PERI	17	53	2,461.91		46.45	.004	144.82		.18
OTHER OUTPATIENT	63	78	2,346.45		30.08	.004	37.25		.17
INPATIENT VISITS	98	315	22,876.22		72.62	.022	233.43		1.63
	93		•						
HOSPITAL VISITS		236	11,636.38		49.31	.017	125.12		.83
CRITICAL CARE	14	79	11,239.84		142.28	.006	802.85		.80
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	40	41	2,009.06		49.00	.003	50.23		.14
EXAMINATIONS	40	41	2,009.06		49.00	.003	50.23		.14
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	78	375	43,108.20		114.96	.027	552.67		3.07
PRINCIPAL SURGEON	51	71	36,185.12		509.65	.005	709.51		2.58
ASSISTANT SURGEON	2	2	348.64		174.32	.000	174.32		.02
ANESTHESIOLOGIST	37	302	6,574.44		21.77	.022	177.69		.47
OUTPATIENT SURGERY	250	511	27,916.59		54.63	.036	111.67		1.99
PRINCIPAL SURGEON	227	295	23,151.31		78.48	.021	101.99		1.65
ASSISTANT SURGEON	0	0	.00		.00	.000	.00		.00
ANESTHESIOLOGIST	34	216	4,765.28		22.06	.015	140.16		.34
	1	1				.000			.00
DIALYSIS	-		42.45		42.45		42.45		
PATHOLOGY	393	517	6,319.50		12.22	.037	16.08		.45
RADIOLOGY	612	957	25,778.21		26.94	.068	42.12		1.84
PSYCHIATRY	0	0	.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	84	120	2,651.45		22.10	.009	31.56		.19
OTHER SERVICES/ALL X-OVERS	286	836	12,438.11		14.88	.060	43.49		.89
@PHARMACY	3,403	10,597 \$,	\$	41.04	.754 \$	127.78	\$	30.96
PRESCRIPTION DRUGS	3 , 367	7,483	419,404.89		56.05	.533	124.56		29.86
SNF/ICF	0	0	.00		.00	.000	.00		.00
OUTPATIENTS	3,367	7,483	419,404.89		56.05	.533	124.56		29.86
MEDICAL SUPPLIES	84	3,114	15,443.84		4.96	.222	183.86		1.10
@DENTIST	835	3,495 \$	113,942.05	\$	32.60	.249 \$	136.46	\$	8.11
VISITS - DIAGNOSTIC	617	2,232	38,845.60		17.40	.159	62.96		2.77
ORAL SURGERY	94	290	14,786.25		50.99	.021	157.30		1.05
DRUGS	70	77	1,630.00		21.17	.005	23.29		.12
ANESTHESIA	10	11	1,100.00		100.00	.001	110.00		.08
PERIODONTICS	3	3	310.00		103.33	.000	103.33		.02
ENDODONTICS	50	81	9,336.00		115.26	.006	186.72		.66
RESTORATIVE DENTISTRY	301	744	41,350.20		55.58	.053	137.38		2.94
	2	2	60.00			.000	30.00		.00
PROSTHETICS	12	27			30.00				
DENTURES, STAYPLATES			4,714.00		174.59	.002	392.83		.34
SPACE MAINTAINERS	9	10	1,200.00		120.00	.001	133.33		.09
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	11	11	465.00		42.27	.001	42.27		.03
ALL OTHER SERVICES	7	7	145.00		20.71	.000	20.71		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND) EXPENDITURES	MONTH-OF-PAYMENT I	REPORT	FOR JAN 2002	THRU DEC	2002	PAC	SE 8,526
MOP024	FEE-FOR-SERVICE/DENTA	ΔL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES E	OR CGF 30-33	35 38 40 42 3A-3M	3P 3R	3U 3W 4C-4G				
						MONTH	TIV ATTEDAC	~ E	

14,046 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	170	482	\$	11,399.68	\$	23.65	.034	\$ 67.06	\$.81
DIAGNOSTIC AND ANC. PROCED	127	127		6,006.80		47.30	.009	47.30		.43
EYE APPLIANCES	129	353		5,324.27		15.08	.025	41.27		.38
OTHER OPTOMETRIC SERVICES	2	2		68.61		34.31	.000	34.31		.00
@CHIROPRACTOR	49	76	\$	1,270.72	\$	16.72	.005		ċ	.09
	49	76 76	Ą		Ą			25.93	Ą	.09
VISITS	0			1,270.72		16.72	.005			
OTHER SERVICES	· · · · · · · · · · · · · · · · · · ·	0	_	.00	_	.00	.000	.00	_	.00
@PODIATRIST	10	13	\$	374.77	\$	28.83	.001		\$.03
MEDICINE/INJECTIONS	9	9		314.77		34.97	.001	34.97		.02
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	4	4		60.00		15.00	.000	15.00		.00
@HOME HEALTH AGENCY	10	138	\$	5,752.76	\$	41.69	.010	\$ 575.28	\$.41
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	13	\$	2,506.12	\$	192.78		\$ 835.37	\$.18
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00		\$.00	Ś	.00
FAMILY NURSE PRACTITIONER	84	99	\$	2,477.97	\$	25.03	.007		\$.18
@TOTAL HOSPITAL	1,758	7,326	¢	670,743.06	\$	91.56		\$ 381.54	\$	47.75
HOSP INPATIENT TOTAL	105	406	Y	480,402.22	Y	1183.26	.029	4575.26	Y	34.20
				•						
HSC HOSPITALS	29	167		215,681.01		1291.50	.012	7437.28		15.36
NON-HSC HOSPITAL TOTAL	76	235		263,909.21		1123.02	.017	3472.49		18.79
ACCOMMODATIONS	76	235		77,129.20		328.21	.017	1014.86		5.49
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	76	235		77,129.20		328.21	.017	1014.86		5.49
ANCILLARIES	76	0		186,780.01		.00	.000	2457.63		13.30
INPATIENT CROSSOVERS	1	4		812.00		203.00	.000	812.00		.06
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1,710	6,920		190,340.84		27.51	.493	111.31		13.55
MEDICAL	156	183		5,203.74		28.44	.013	33.36		.37
SURGERY	216	235		5,730.46		24.38	.017	26.53		.41
PATHOLOGY	581	2,128		25,393.40		11.93	.152	43.71		1.81
RADIOLOGY	494	686		43,715.08		63.72	.049	88.49		3.11
ROOM USE	1,253	1,766		70,490.27		39.92	.126	56.26		5.02
CROSSOVERS/ALL OTH OUTPTNT		1,922		39,807.89		20.71	.137	56.39		2.83
@COUNTY HOSPITAL TOTAL	1	1, 322	\$	94.31	\$	94.31	.000		\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	Y	.00	Y	.00	.000	.00	Y	.00
	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00						.00
	0	0				.00	.000	.00		
ADMINISTRATIVE DAYS	~			.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		94.31		94.31	.000	94.31		.01
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		8.08		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		86.23		86.23	.000	86.23		.01
	MEDI-CAL SERVICES AND	EXPENDITUR	RES		EPOR				PA	AGE 8,527
MOP024	FEE-FOR-SERVICE/DENTA									01/17/03
NEWADA COUNTRY	CHMMADY OF CEDUTCES F		2.2	2E 20 40 42 27 2M	3 D 3	D 211 214 40	10			,,

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

NEVADA COUNTY

						MO	NTHLY AVERA	GE	
14,046 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	T PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@COMMUNITY HOSPITAL TOTAL	1,757	7,325	\$	670,648.75	\$ 91.56	.522	\$ 381.70	\$	47.75
COMM HOSP INPATIENT TOTAL	105	406		480,402.22	1183.26	.029	4575.26		34.20
HSC HOSPITALS	29	167		215,681.01	1291.50	.012	7437.28		15.36
NON-HSC HOSPITALS TOTAL	76	235		263,909.21	1123.02	.017	3472.49		18.79
ACCOMMODATIONS	76	235		77,129.20	328.21	.017	1014.86		5.49
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	76	235		77,129.20	328.21	.017	1014.86		5.49
ANCILLARIES	76	0		186,780.01	.00	.000	2457.63		13.30
INPATIENT CROSSOVERS	1	4		812.00	203.00	.000	812.00		.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,709	6 , 919		190,246.53	27.50	.493	111.32		13.54
MEDICAL	156	183		5,203.74	28.44	.013	33.36		.37
SURGERY	216	235		5,730.46	24.38	.017	26.53		.41
PATHOLOGY	581	2,128		25,393.40	11.93	.152	43.71		1.81
RADIOLOGY	494	686		43,715.08	63.72	.049	88.49		3.11
ROOM USE	1,253	1,766		70,482.19	39.91	.126	56.25		5.02
CROSSOVERS/ALL OTH OUTPTNT	705	1,921		39 , 721.66	20.68	.137	56.34		2.83
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	1	0	\$.00	\$.00	.000	•	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	1	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	51	\$	392.55	\$	7.70	.004	\$	392.55	\$.03
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	51		392.55		7.70	.004		392.55		.03
@REHABILITATION FACILITY	3	43	\$	595.91	\$	13.86	.003	\$	198.64	\$.04
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	3	43		595.91		13.86	.003		198.64		.04
@LABORATORY FACILITY	247	620	\$	11,076.08	\$	17.86	.044	\$	44.84	\$.79
PATHOLOGY	247	620		11,076.08		17.86	.044		44.84		.79
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	735	1,376	\$	157,708.45	\$	114.61	.098	\$	214.57	\$	11.23
CLINIC	157	480		11,988.85		24.98	.034		76.36		.85
SURGICENTER	2	7		257.21		36.74	.000		128.61		.02
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	586	889		145,462.39		163.62	.063		248.23		10.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES	MONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2002 THRU I	DEC	2002	PA	AGE 8,528
MOP024	FEE-FOR-SERVICE/DEN			05 00 40 40 07 04							01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

1,2,11,211 0001,11	001111111111111111111111111111111111111	.1020 1010 001 00	, 00	00 00	10 12 011 011	01 01		MC	NTHLY AVERA	√GE	
14,046 ELIGIBLES	USERS	UNITS OF SERVIC	CE	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CAR	RE			PEI	R UNIT/DAY	PER ELIG	USER	EL	LIGIBLE
@ALL OTHER PROVIDERS	914	5,934	\$		74,755.58	\$	12.60	.422	\$ 81.79	\$	5.32
DURABLE MED. EQUIP.	27	35			1,704.15		48.69	.002	63.12		.12
BLOOD BANK	0	0			.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	54	733			21,573.35		29.43	.052	399.51		1.54
AMBULANCES/AIR TRANS	54	728			12,573.35		17.27	.052	232.84		.90
OTHER TRANS	0	0			.00		.00	.000	.00		.00
OTHER SERVICES	5	5			9,000.00		1800.00	.000	1800.00		.64
ACUPUNCTURE	3	4			86.50		21.63	.000	28.83		.01
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	23	23			1,525.00		66.30	.002	66.30		.11
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000	.00		.00
OPTICIAN	154	333			2,909.69		8.74	.024	18.89		.21
PHYSICAL THERAPIST	0	0			.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	17	51			3,616.56		70.91	.004	212.74		.26
PROSTHETICS	13	46			3,459.60		75.21	.003	266.12		.25
ORTHOTICS	4	5			156.96		31.39	.000	39.24		.01
PSYCHOLOGIST	1	6			455.76		75.96	.000	455.76		.03
SPEECH AND AUDIOLOGY	15	59			5,714.34		96.85	.004	380.96		.41
HOSPICE SERVICES	0	0			.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	630	4,637			36,010.34		7.77	.330	57.16		2.56
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	5	53			1,159.89		21.88	.004	231.98		.08
@CALIF. CHILDREN SERVICES*	75	876	\$		169,085.71	\$	193.02	.062	•		12.04
@XOVER EXCLUDING STATE HOSP**	5	7	\$		939.29	\$	134.18	.000	\$ 187.86	\$.07

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,529 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT

						M	ONT	HLY AVERA	GE.	
34,263 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	21,986 8,074 5,572	402,973	\$ 12,003,593.66	\$	29.79	11.761	\$	545.97	\$	350.34
@PHYSICIANS SERVICES	8,074	24,387	\$ 802,065.81	\$	32.89	.712	\$	99.34	\$	23.41
OUTPATIENT VISITS	5 , 572	8,532	291,168.31		34.13	.249		52.26		8.50
OFFICE VISITS	4,130	5 , 738	173,026.67		30.15	.167		41.90		5.05
HOME VISITS	5	6	337.49		56.25	.000		67.50		.01
EMERGENCY ROOM	1,801	2,453	106,559.47		43.44	.072		59.17		3.11
PREVENTIVE CARE	8	9	404.77		44.97	.000		50.60		.01
OB VISITS/COMPRE PERI	18	55	2,648.22		48.15	.002		147.12		.08
OTHER OUTPATIENT	241	271	8,191.69		30.23	.008		33.99		.24
INPATIENT VISITS	323	1,224	64,495.04		52.69	.036		199.68		1.88
HOSPITAL VISITS	269	1,053	48,511.32		46.07	.031		180.34		1.42
CRITICAL CARE	26	106	14,020.92		132.27	.003		539.27		.41
SNF/ICF/TRANS IP CARE	49	65	1,962.80		30.20	.002		40.06		.06
OPHTHALMOLOGICAL SERVICES	128	139	6,283.16		45.20	.004		49.09		.18
EXAMINATIONS	128	139	6,283.16		45.20	.004		49.09		.18
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	174	1,007	110,141.17		109.38	.029		633.00		3.21
PRINCIPAL SURGEON	125	183	87,836.51		479.98	.005		702.69		2.56
ASSISTANT SURGEON	13	13	3,834.83		294.99	.000		294.99		.11
ANESTHESIOLOGIST	71	811	18,469.83		22.77	.024		260.14		.54
OUTPATIENT SURGERY	583	1,293	87,667.36		67.80	.038		150.37		2.56
PRINCIPAL SURGEON	512	652	71,824.63		110.16	.019		140.28		2.10
ASSISTANT SURGEON	4	4	598.66		149.67	.000		149.67		.02
ANESTHESIOLOGIST	101	637	15,244.07		23.93	.019		150.93		.44
DIALYSIS	29	112	8,092.22		72.25	.003		279.04		.24
PATHOLOGY	726	1,108	17,834.71		16.10	.032		24.57		.52
RADIOLOGY	726 1 , 516	2,571	76,790.53		29.87	.075		50.65		2.24
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	223	437	6,316.37		14.45	.013		28.32		.18
OTHER SERVICES/ALL X-OVERS	2,313	7,964	133,276.94		16.73	.232		57.62		3.89
@PHARMACY	15,624	125,704	\$ 5,834,927.86	\$	46.42	3.669	\$	373.46	\$	170.30
PRESCRIPTION DRUGS	15,495	59,566	5,706,503.49		95.80	1.738		368.28		166.55
SNF/ICF	349	2,237	186,390.98		83.32	.065		534.07		5.44
OUTPATIENTS	15,221	57 , 329	5,520,112.51		96.29	1.673		362.66		161.11
MEDICAL SUPPLIES	782	66,138	128,424.37		1.94	1.930		164.23		3.75
@DENTIST	1,840	7,165	\$ 277,039.71	\$	38.67	.209	\$	150.57	\$	8.09
VISITS - DIAGNOSTIC	1,840 1,300	4,376	73,766.69		16.86	.128		56.74		2.15
ORAL SURGERY	230	766	35,598.62		46.47	.022		154.78		1.04
DRUGS	84	91	1,880.00		20.66	.003		22.38		.05
ANESTHESIA	18	19	1,900.00		100.00	.001		105.56		.06
PERIODONTICS	30	43	7,295.00		169.65	.001		243.17		.21
ENDODONTICS	90	139	22,601.00		162.60	.004		251.12		.66
RESTORATIVE DENTISTRY	604	1,455	94,114.70		64.68	.042		155.82		2.75
PROSTHETICS	13	12	289.00		24.08	.000		22.23		.01
DENTURES, STAYPLATES	110	225	36,883.51		163.93	.007		335.30		1.08
SPACE MAINTAINERS	13	14	1,800.00		128.57	.000		138.46		.05
MAXILLOFACIAL SERVICES	2	2	266.19		133.10	.000		133.10		.01
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	12	12	500.00		41.67	.000		41.67		.01
ALL OTHER SERVICES	11	11	145.00		13.18	.000		13.18		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,530 MOP024

01/17/03

FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT

							M	ONTHLY AV	ERAG	ΞE	
34,263 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S COST E	ER		COST PER
		OR DAYS OF CARE	C		PΕ	R UNIT/DAY	PER ELIG	USEF			ELIGIBLE
@OPTOMETRIST	544 264	1,529	\$	32,912.28	\$	21.53	.045	\$ 60.	50	\$.96
DIAGNOSTIC AND ANC. PROCED	264	268		12,357.01		46.11	.008	46.	81		.36
EYE APPLIANCES	411	1,167		18,435.05		15.80	.034	44.	85		.54
OTHER OPTOMETRIC SERVICES	75	94		2,120.22		22.56	.003	28.	27		.06
@CHIROPRACTOR	147	236	\$	3,826.30	\$	16.21	.007		03	\$.11
VISITS	132	208		3,473.58		16.70	.006	26.	32		.10
OTHER SERVICES	15	28		352.72		12.60	.001	23.	51		.01
@PODIATRIST	214	298	\$	4,715.71	\$.009		04	\$.14
MEDICINE/INJECTIONS	68	75		1,968.92		26.25	.002	28.			.06
SURGERY/ANES.	0	0		.00		.00	.000		00		.00
RADIO./PATHOLOGY	1	1		13.00		13.00	.000	13.			.00
OTHER	68 0 1 154 101 8	222		2,733.79		12.31	.006	17.			.08
@HOME HEALTH AGENCY	101	3,398	\$		\$	35.20		\$ 1184.			3.49
NURSE ANESTHESIST	8	99	\$	276.52	\$	2.79	.003		57		.01
NURSE MIDWIFE	4	15	\$		\$	175.85	.000			\$.08
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		00		.00
FAMILY NURSE PRACTITIONER	157	190	\$,	\$	24.72	.006		91		.14
@TOTAL HOSPITAL	5 , 143 431	26 , 075	\$	2,682,349.41	\$	102.87		\$ 521.		\$	78.29
HOSP INPATIENT TOTAL	431	2,313		2,046,235.79		884.67 1236.06	.068	4747.			59.72
HSC HOSPITALS	66	557		688,484.29		1236.06	.016	10431.			20.09
NON-HSC HOSPITAL TOTAL	230	969		1,255,903.05		1296.08 376.28	.028	5460.			36.65
ACCOMMODATIONS	229	969		364,617.23			.028	1592.			10.64
ADMINISTRATIVE DAYS	9	148		47,045.40		317.87	.004	5227.			1.37
TRANSITIONAL IP CARE	0	0		.00		.00	.000		00		.00
ALL OTHER ACCOM	224	821		317,571.83		386.81	.024	1417.			9.27
ANCILLARIES	230	0		891,285.82		.00	.000	3875.			26.01
INPATIENT CROSSOVERS	145	787		101,848.45		129.41	.023	702.			2.97
ALL OTHER INPATIENT	0	0		.00		.00	.000		00		.00
	4,891	23,762		636,113.62		26.77	.694	130.			18.57
MEDICAL	567	784		28,946.74		36.92	.023	51.			.84
SURGERY	455	492		14,604.91		29.68	.014	32.			.43
PATHOLOGY	1,727 1,207 2,513	6,819		83,900.85		12.30	.199	48.			2.45
RADIOLOGY	1,207	1,740		130,450.65		74.97 41.25	.051	108.			3.81
ROOM USE	2,313	3,772		155,577.94 222,632.53		21.92	.110 .296	61. 89.			4.54 6.50
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	2,483	10 , 155 149	\$		ċ	725.32		\$ 9006.		ċ	3.15
CO HOSPITAL INPATIENT TOTAL	1	98	ş	106,384.78	Ą	1085.56	.004	106384.		Ą	3.10
HSC HOSPITALS	1	53		71,656.00		1352.00	.003	71656.			2.09
NON-HSC HOSPITALS TOTAL	1	45		34,728.78		771.75	.002	34728.			1.01
ACCOMMODATIONS	1	45		10,408.50		231.30	.001	10408.			.30
ADMINISTRATIVE DAYS	1	45 45		10,408.50		231.30	.001	10408.			.30
TRANSITIONAL IP CARE	0	0		.00		.00	.000		00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		00		.00
ANCILLARIES	1	0		24,320.28		.00	.000	24320.			.71
INPATIENT CROSSOVERS	0	0		.00		.00	.000		00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		00		.00
CO HOSP OUTPATIENT TOTAL	11	51		1,687.83		33.09	.001	153.			.05
MEDICAL	3	4		329.50		82.38	.000	109.			.01
SURGERY	1	1		11.25		11.25	.000	11.			.00
PATHOLOGY	2,483 12 1 1 1 1 0 0 0 11 3 1 3	15		202.41		13.49	.000	67.			.01

RADIOLOGY	3	5	100.79	20.16	.000	33.60	.00
ROOM USE	6	12	570.34	47.53	.000	95.06	.02
CROSSOVERS/ALL OTH OUTPINT	8	14	473.54	33.82	.000	59.19	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2002	THRU DEC	2002	PAGE 8,531
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR CASH GRANT ----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 34,263 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 5,135 25,926 2,574,276.80 99.29 .757 \$ 501.32 \$ 75.13 COMM HOSP INPATIENT TOTAL 430 2,215 1,939,851.01 875.78 .065 4511.28 56.62 504 616,828.29 1223.87 .015 9489.67 18.00 HSC HOSPITALS 924 1321.62 5332.64 NON-HSC HOSPITALS TOTAL 1,221,174.27 .027 35.64 228 383.34 ACCOMMODATIONS 924 354,208.73 .027 1553.55 10.34 103 36,636.90 355.70 .003 4579.61 ADMINISTRATIVE DAYS 1.07 TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 821 317,571.83 386.81 .024 ALL OTHER ACCOM 1417.73 9.27 0 866,965.54 .00 .000 3785.88 ANCILLARIES 25.30 145 702.40 787 101,848.45 129.41 .023 2.97 INPATIENT CROSSOVERS 0 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT 23,711 COMM HOSP OUTPATIENT TOTAL 4,884 634,425.79 26.76 .692 129.90 18.52 MEDICAL 565 780 28,617.24 36.69 .023 50.65 .84 SURGERY 454 491 14,593.66 29.72 .014 32.14 .43 1,724 PATHOLOGY 6,804 83,698.44 12.30 .199 48.55 2.44 1,205 1,735 130,349.86 75.13 .051 RADIOLOGY 108.17 3.80 2,508 3,760 155,007.60 41.23 .110 61.81 4.52 2,475 10,141 222,158.99 21.91 .296 89.76 6.48 CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL 0 0 .00 Ś .00 .000 \$.00 . 00 .00 .00 0 .00 .000 .00 MENTALLY ILL DEVELOP. DISABLED .00 .00 .000 .00 .00 0 694,871.53 130.71 .155 3202.17 @NURSING FACILITY 5,316 20.28 .00 .00 LEV A-INTERMEDIATE 0 0 .00 .000 .00 .000 LEV B-REHAB MD .00 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 LEV B-SUBACUTE HSPTL BASED 0 .00 .00 .000 .00 .00 .00 Ω 0 .00 .00 .000 .00 LEV B-TRANSITIONAL IP CARE 694,871.53 130.71 .155 3202.17 LEV B-REGULAR 5,316 734 104,609.06 142.52 .021 \$ 4548.22 @INTERMEDIATE CARE FACIL.-DD 3.05 ICF DDH Ω 0 .00 .00 .000 .00 .00 5068.17 ICF DD 15 590 76,022.55 128.85 .017 2.22 ICF DDN/DDCN 8 144 28,586.51 198.52 .004 3573.31 . 83 @HEMODIALYSIS TOTAL 3,116 146,987.70 47.17 .091 \$ 1013.71 \$ 4.29 HOSPITAL BASED 0 0 .00 .00 .000 .00 .00 HEMODIALYSIS CENTER 145 3,116 146,987.70 47.17 .091 1013.71 4.29 699 @REHABILITATION FACILITY 9,666.43 13.83 .020 175.75 523.52 104.70 8 65.44 .000 .02 HOSPITAL BASED 50 .020 182.86 INDEPENDENT FACILITY 691 9,142.91 13.23 .27 625 2,351 14.44 54.32 \$.99 @LABORATORY FACILITY 33,947.70 .069 \$ PATHOLOGY 619 2,288 33,895.43 14.81 .067 54.76 .99 63 52.27 .83 .00 XO AND OTHERS 6 .002 8.71 1,901 3,454 376,126.78 108.90 .101 197.86 10.98 @ORGANIZED OUTPATIENT CLINIC 588 210 14,535.56 24.72 .017 69.22 .42 CLINIC 92.04 201.33 3,221.35 .001 .09 SURGICENTER 7 HEROIN DETOX CLINIC 2 102.20 14.60 .000 51.10 .00 211.87 RURAL HEALTH CLINIC 1,691 2,824 358,267.67 126.87 .082 10.46 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,532

NEWTON COUNTY COUNTY OF BEHAVIORS FOR CHOIC GROWT							
					MON	THLY AVERA	GE
34,263 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3,413	198 , 207 \$	872,327.01	\$ 4.40	5.785 \$	255.59	\$ 25.46
DURABLE MED. EQUIP.	343	1,144	152,399.19	133.22	.033	444.31	4.45
BLOOD BANK	0	0	38.00	.00	.000	.00	.00
HEARING AID DISPENSERS	56	76	13,003.29	171.10	.002	232.20	.38
MEDICAL TRANSPORTATION	285	4,425	69 , 819.57	15.78	.129	244.98	2.04
AMBULANCES/AIR TRANS	229	2,816	51,410.74	18.26	.082	224.50	1.50
OTHER TRANS	12	279	608.69	2.18	.008	50.72	.02
OTHER SERVICES	55	1,330	17,800.14	13.38	.039	323.64	.52
ACUPUNCTURE	7	27	394.70	14.62	.001	56.39	.01
ADULT DAY HEALTH CARE CTR	161	1,935	127,825.05	66.06	.056	793.94	3.73
GENETIC DISEASE TESTING	26	26	1,713.00	65.88	.001	65.88	.05
IHMC, MODEL-NF, NF, AIDS, MSSP	15	3,241	94,669.24	29.21	.095	6311.28	2.76
OCCUPATIONAL THERAPIST	3	33	152.56	4.62	.001	50.85	.00
OPTICIAN	530	1,183	12,241.05	10.35	.035	23.10	.36
PHYSICAL THERAPIST	7	21	427.26	20.35	.001	61.04	.01
PORTABLE X-RAY	2	3	60.91	20.30	.000	30.46	.00
PROSTHETIST/ORTHOTISTS	105	334	33,563.21	100.49	.010	319.65	.98
PROSTHETICS	91	317	32 , 989.87	104.07	.009	362.53	.96
ORTHOTICS	14	17	573.34	33.73	.000	40.95	.02
PSYCHOLOGIST	6	15	662.25	44.15	.000	110.38	.02
SPEECH AND AUDIOLOGY	93	304	25 , 259.38	83.09	.009	271.61	.74
HOSPICE SERVICES	13	344	40,777.05	118.54	.010	3136.70	1.19
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,026	36 , 340	175,237.97	4.82	1.061	170.80	5.11
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	958	148,756	124,083.33	.83	4.342	129.52	3.62
@CALIF. CHILDREN SERVICES*	361	5 , 721	\$ 385,403.67	\$ 67.37	.167	\$ 1067.60	\$ 11.25
@XOVER EXCLUDING STATE HOSP**	2,812	24,649	\$ 465,543.90	\$ 18.89	.719	\$ 165.56	\$ 13.59

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,533 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOPUZ4	FEE-FOR-SERVICE							01/1//03
NEVADA COUNTY	SUMMARY OF SER	ICES FOR 185	5% PROGRAI	M - INFANTS	AID CODES 4	7 69		
						MC	NTHLY AVERA	AGE
1,475 ELIGIBLES	USERS	UNITS OF SEF	RVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF	CARE			Y PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	573	2,08	35 \$	175,109.28	\$ 83.99	1.414		\$ 118.72
@PHYSICIANS SERVICES	368	79	96 \$	38,503.53	\$ 48.37	.540	\$ 104.63	\$ 26.10
OUTPATIENT VISITS	322	48	34	14,779.76	30.54	.328	45.90	10.02
OFFICE VISITS	244	35	54	10,172.65	28.74	.240	41.69	6.90
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	97	12	27	4,542.03	35.76	.086	46.83	3.08
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3		3	65.08	21.69	.002	21.69	.04
INPATIENT VISITS	20	7	71	5,718.18	80.54	.048	285.91	3.88
HOSPITAL VISITS	18	4	41	1,879.18	45.83	.028	104.40	1.27
CRITICAL CARE	3		30	3,839.00	127.97	.020	1279.67	2.60
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2		2	81.62	40.81	.001	40.81	.06
EXAMINATIONS	2		2	81.62	40.81	.001	40.81	.06
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	F	68	8,452.23	124.30	.046	1408.71	5.73
PRINCIPAL SURGEON	4		8	6,355.09	794.39	.005	1588.77	4.31
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	F	60	2,097.14	34.95	.041	419.43	1.42
OUTPATIENT SURGERY	15		36	2,772.96	77.03	.024	184.86	1.88
PRINCIPAL SURGEON	13		19	2,158.27	113.59	.013	166.02	1.46
ASSISTANT SURGEON	0	_	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3		17	614.69	36.16	.012	204.90	.42
DIALYSIS	0		0	.00	.00	.000	.00	.00
PATHOLOGY	12		16	208.67	13.04	.011	17.39	.14
RADIOLOGY	37		50	3,829.95	76.60	.034	103.51	2.60
PSYCHIATRY	0	-	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3		3	35.90	11.97	.002	11.97	.02
OTHER SERVICES/ALL X-OVERS	42	6	66	2,624.26	39.76	.045	62.48	1.78
@PHARMACY	237		16 \$	21,352.14	\$ 41.38	.350		
PRESCRIPTION DRUGS	231		68	20,936.57	56.89	.249	90.63	14.19
SNF/ICF	0		0	.00	.00	.000	.00	.00
OUTPATIENTS	231		68	20,936.57	56.89	.249	90.63	14.19
MEDICAL SUPPLIES	12	14		415.57	2.81	.100	34.63	.28
@DENTIST	1		1 \$	25.00	\$ 25.00	.001		
VISITS - DIAGNOSTIC	1		1	25.00	25.00	.001	25.00	.02
ORAL SURGERY	0		0	.00	.00	.000	.00	.00
DRUGS	0		0	.00	.00	.000	.00	.00
	0		0	.00			.00	.00
ANESTHESIA	0		0	.00	.00	.000	.00	.00
PERIODONTICS	0		0	.00		.000		
ENDODONTICS	U		0		.00		.00	.00
RESTORATIVE DENTISTRY	0		0	.00	.00	.000	.00	.00
PROSTHETICS	U		U	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	Ô	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	MEDI GAI GEDIATO	-					
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	DNTH-OF-PAYMENT R.	EPORT FOR JAN	ZUUZ THRU D	EC 2002	PAGE 8,534
MOP024	FEE-FOR-SERVICE						01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	1 - INFANTS	AID CODES 4			
					MO	NTHLY AVERA	GE
1,475 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000		
-	0	0	.00	, , , , , , , , , , , , , , , , , , , ,		.00	.00
VISITS	0	-		.00	.000		
OTHER SERVICES	U	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000	•	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	8	13 \$	652.22	\$ 50.17	.009	\$ 81.53	\$.44
NURSE ANESTHESIST	0	0 \$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	2	4 S	109.00	\$ 27.25	.003		\$.07
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	•	\$.00
	1	1 \$	26.18	\$ 26.18	.001		\$.02
FAMILY NURSE PRACTITIONER	1.7.7	·					
@TOTAL HOSPITAL	177	620 \$	107,243.96	\$ 172.97		\$ 605.90	•
HOSP INPATIENT TOTAL	11	8 4	91,654.83	1091.13	.057	8332.26	62.14
HSC HOSPITALS	3	38	51,173.00	1346.66	.026	17057.67	34.69
NON-HSC HOSPITAL TOTAL	8	46	40,481.83	880.04	.031	5060.23	27.45
ACCOMMODATIONS	8	46	31,052.60	675.06	.031	3881.58	21.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	46	31,052.60	675.06	.031	3881.58	21.05
ANCILLARIES	8	0	9,429.23	.00	.000	1178.65	6.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	167	536	15,589.13	29.08	.363	93.35	10.57
	52	73	•	30.52			1.51
MEDICAL			2,228.18		.049	42.85	
SURGERY	5	6	207.88	34.65	.004	41.58	.14
PATHOLOGY	39	113	1,130.00	10.00	.077	28.97	.77
RADIOLOGY	32	37	3 , 555.88	96.10	.025	111.12	2.41
ROOM USE	143	199	6,692.94	33.63	.135	46.80	4.54
CROSSOVERS/ALL OTH OUTPTNT	70	108	1,774.25	16.43	.073	25.35	1.20
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	•		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		Ô		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0									
ROOM USE	U		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	_	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		DITURE	S MONT	H-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC 2	002	PA	AGE 8,535
MOP024	FEE-FOR-SERVICE	DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR 18	5% PRO	GRAM -	INFANTS	AID	CODES 47	69				
								M	ONTHL	Y AVERA	GE -	
1,475 ELIGIBLES	USERS	UNITS OF SE	RVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S CC	ST PER	C	COST PER
		OR DAYS OF	CARE			PER	UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	177			\$	107,243.96		172.97	.420		605.90		72.71
COMM HOSP INPATIENT TOTAL	11		84	т	91,654.83		1091.13	.057		332.26	-	62.14
HSC HOSPITALS	3		38		51,173.00		1346.66	.026		057.67		34.69
	0		46		•			.031				27.45
NON-HSC HOSPITALS TOTAL	8				40,481.83		880.04			060.23		
ACCOMMODATIONS	8		46		31,052.60		675.06	.031	3	881.58		21.05
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8		46		31,052.60		675.06	.031	3	881.58		21.05
ANCILLARIES	8		0		9,429.23		.00	.000	1	178.65		6.39
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	167	5	36		15,589.13		29.08	.363		93.35		10.57
MEDICAL	52		73		2,228.18		30.52	.049		42.85		1.51
SURGERY	5		6		207.88		34.65	.004		41.58		.14
	39	1	13		1,130.00		10.00	.077		28.97		.77
PATHOLOGY	39											
RADIOLOGY			37		3,555.88		96.10	.025		111.12		2.41
ROOM USE	143		99		6,692.94		33.63	.135		46.80		4.54
CROSSOVERS/ALL OTH OUTPINT	70	1	08		1,774.25		16.43	.073		25.35		1.20
@STATE HOSPITAL	0			\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
	0		0				.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0				.00							
LEV B-REGULAR	U		0	_	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	Ü			\$.00	\$.00	.000	Ş	.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1			\$	88.36	\$	88.36	.001	Ś	88.36	Ś	.06
HOSPITAL BASED	1		1	т	88.36	т	88.36	.001	т	88.36	Τ.	.06
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
	•			ċ		ċ			ċ		ċ	
@LABORATORY FACILITY	1			\$	23.00	\$	11.50	.001	Þ	23.00	Þ	.02
PATHOLOGY	1		2		23.00		11.50	.001		23.00		.02
XO AND OTHERS	0		0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	21	30	\$	3,236.51			.020	\$	154.12	\$	2.19
CLINIC	3	4		70.96		.74	.003		23.65		.05
SURGICENTER	1	6		240.21	40	.04	.004		240.21		.16
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	17	20		2,925.34		.27	.014				1.98
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		RES MC	NTH-OF-PAYMENT R	EPORT FOR	JAN :	2002 THRU	DEC	2002	PA	GE 8,536 01/17/03
NEVADA COUNTY		ICES FOR 185% P	ROGRAM	1 - INFANTS	AID COD	ES 47	69				01/1//00
							M	ONTH	ILY AVERA	GE -	
1,475 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVERAGE	COST	UNITS/DAY				OST PER
		OR DAYS OF CAR	Œ		PER UNI	T/DAY	PER ELIG	;	USER	E	LIGIBLE
QALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	10	101	\$	3,849.38	\$ 38	.11	.068	\$	384.94	\$	2.61
DURABLE MED. EOUIP.	5	8	•	228.33		.54			45.67		.15
BLOOD BANK	0	0		.00					.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2.	88		3,457.50	39	.29	.060		1728.75		2.34
AMBULANCES/AIR TRANS	2	88		3,457.50	39 39	.29	.060		1728.75		2.34
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00					.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
THMC MODEL - NE NE AIDS MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00					.00
OPTICIAN	1	2		57.20		.60	.000 .001		57.20		.04
DHYSTCAL THERADIST	0	0		.00	20	.00	.000		.00		.00
DODUNDIE A-DVA	0	0		.00		.00	.000		.00		.00
DDOGTUFTTOT/ODTUOTTOTO	0	0		.00		.00	.000		.00		.00
DBOCTUETTOC	0	0		.00		.00	.000		.00		.00
OPTHOTICS	0	0		.00		.00	.000		.00		.00
Devenorociem	0	0		.00		.00	.000		.00		.00
CDEECH AND AUDIOLOGY	1	0		99.99		.00	.001		.00 99.99 .00		.07
JEECH AND AUDIOLOGI	1	0		.00		.00	.000		99.99		.00
NONTHER DIDMITTIC CENTERS	0	0					.000		.00		.00
NONLING DIRITING CENTERS	1	1		.00 6.36		.00	.000		.00 6.36		.00
EDCDE CUDDIEMENEAL CEDATOR	1	0		.00		.00	.000		.00		.00
ERSDI SUPPLEMENTAL SERVICE	0	0									
RESPIRATORI CARE PRACI.	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0									
ALL OTHER PROVIDERS	32		Ċ	.00	ć 100	.00	.000	Ċ	.00	Ċ	.00
@CALIF. CHILDREN SERVICES*		439 0	ې د	53,603.61					1675.11		36.34
@XOVER EXCLUDING STATE HOSP**	•	•	۶ 		\$.00	.000	Ş	.00	Ş	.00
0* TOTALS IN THESE LINES ARE				•							
THE AMOUNTS ARE ALREADY IN				S ABOVE.							
** THESE DATA ARE INCLUDED I									0000		~= 0 505
#CALIF DEPT OF HEALTH SERV			RES MC	NTH-OF-PAYMENT R	EPORT FOR	JAN .	2002 THRU	DEC	2002	PA	GE 8,537
MOP024	FEE-FOR-SERVICE						4.0				01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 185% P	ROGRAM	M - PREGNANT A	ID CODES	44 48				~ =	
1 000 51 1615156							M				
1,820 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY				OST PER
0.000.000.000.000.000.000.000	1 005	OR DAYS OF CAR		700 045 50		•	PER ELIG		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	1,035	6,747	\$	720,047.58		.72	3.707		695.70		395.63
@PHYSICIANS SERVICES	498	1,580	\$	137,911.34		.29	.868	Ş	276.93	Þ	75.78
OUTPATIENT VISITS	228	339		17,262.97		.92	.186		75.71		9.49
OFFICE VISITS	131	171		5 , 600.70	32	.75	.094		42.75		3.08
HOME VISITS	0	0		.00		.00	.000		.00		.00

47

2,588.75

.026

61.64 1.42

55.08

42

EMERGENCY ROOM

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	71	121	9,073.52	74.99	.066	127.80	4.99
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	111	260	14,570.18	56.04	.143	131.26	8.01
HOSPITAL VISITS	106	227	9,888.89	43.56	.125	93.29	5.43
CRITICAL CARE	10	33	4,681.29	141.86	.018	468.13	2.57
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	113	411	82 , 097.05	199.75	.226	726.52	45.11
PRINCIPAL SURGEON	84	89	72,233.87	811.62	.049	859.93	39.69
ASSISTANT SURGEON	14	14	2,611.00	186.50	.008	186.50	1.43
ANESTHESIOLOGIST	36	308	7,252.18	23.55	.169	201.45	3.98
OUTPATIENT SURGERY	59	93	8,240.70	88.61	.051	139.67	4.53
PRINCIPAL SURGEON	57	68	7,432.70	109.30	.037	130.40	4.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	25	808.00	32.32	.014	62.15	.44
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	112	196	4,456.37	22.74	.108	39.79	2.45
RADIOLOGY	144	169	6,174.14	36.53	.093	42.88	3.39
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	30	57	1,869.69	32.80	.031	62.32	1.03
OTHER SERVICES/ALL X-OVERS	35	55	3,240.24	58.91	.030	92.58	1.78
@PHARMACY	292	472	\$ 15,343.18	\$ 32.51	.259	\$ 52.55	\$ 8.43
PRESCRIPTION DRUGS	292	472	15,343.18	32.51	.259	52.55	8.43
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	292	472	15,343.18	32.51	.259	52.55	8.43
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	4	8	\$ 66.00	\$ 8.25	.004	\$ 16.50	\$.04
VISITS - DIAGNOSTIC	3	6	66.00	11.00	.003	22.00	.04
ORAL SURGERY	1	1	.00	.00	.001	.00	.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		.00		.00	.001		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	Ô		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
•	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0									
ALL OTHER SERVICES	ŭ	· ·		.00		.00	.000	D = 0	.00	_	.00
#CALIF DEPT OF HEALTH SERV			URES MON	NTH-OF-PAYMENT R	EPOR'.	I FOR JAN .	2002 THRU .	DEC	2002	Ρ.	AGE 8,538
MOP024	FEE-FOR-SERVICE				~	44 40	4.0				01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 185%	PROGRAM	- PREGNANT A	ID CO	DDES 44 48					
							M				
1,820 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		ERAGE COST		S			COST PER
		OR DAYS OF CA				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	12	22	Ś	1,052.19	\$	47.83	.012	\$	87.68	\$.58
NURSE ANESTHESIST	0	0	Š	.00	Ś	.00	.000	\$.00	\$.00
NURSE MIDWIFE	7	30	Ċ	3,407.81	\$	113.59	.016	\$	486.83	\$	1.87
PEDIATRIC NURSE PRACTITIONER	0	0	¢	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	۲ خ	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	532	3,899	ė.	533,859.39		136.92		Ś	1003.50	\$	293.33
-	108	435	Ÿ	460,761.31		1059.22	.239	۲	4266.31	۲	253.17
HOSP INPATIENT TOTAL									9904.64		59.86
HSC HOSPITALS	11 98	87 348		108,951.03		1252.31	.048				
NON-HSC HOSPITAL TOTAL				351,810.28		1010.95	.191		3589.90		193.30
ACCOMMODATIONS	98	348		105,253.41		302.45	.191		1074.01		57.83
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	98	348		105,253.41		302.45	.191		1074.01		57.83
ANCILLARIES	98	0		246,556.87		.00	.000		2515.89		135.47
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	482	3,464		73 , 098.08		21.10	1.903		151.66		40.16
MEDICAL	10	10		446.78		44.68	.005		44.68		.25
SURGERY	40	66		2 , 354.67		35.68	.036		58.87		1.29
PATHOLOGY	293	1,057		14,163.74		13.40	.581		48.34		7.78
RADIOLOGY	84	86		6,623.70		77.02	.047		78.85		3.64
ROOM USE	269	478		14,790.02		30.94	.263		54.98		8.13
CROSSOVERS/ALL OTH OUTPTNT	255	1,767		34,719.17		19.65	.971		136.15		19.08
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	•	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MON'		REPORT				Р	AGE 8,539
MOP024	FEE-FOR-SERVICE			01 11111111111111111111111111111111				0 2002	-	01/17/03
NEVADA COUNTY		ICES FOR 185% PRO	GRAM -	- PREGNANT A	AID CO	DDES 44 48	49			01/11/00
							MON	THLY AVERA	GE.	
1,820 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	532	3,899	\$	533,859.39	\$	136.92	2.142 \$	1003.50	\$	293.33
COMM HOSP INPATIENT TOTAL	108	435		460,761.31		1059.22	.239	4266.31		253.17
HSC HOSPITALS	11	87		108,951.03		1252.31	.048	9904.64		59.86
NON-HSC HOSPITALS TOTAL	98	348		351,810.28		1010.95	.191	3589.90		193.30
ACCOMMODATIONS	98	348		105,253.41		302.45	.191	1074.01		57.83
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	98	348		105,253.41		302.45	.191	1074.01		57.83
ANCILLARIES	98	0		246,556.87		.00	.000	2515.89		135.47
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	482	3,464		73,098.08		21.10	1.903	151.66		40.16
MEDICAL	10	10		446.78		44.68	.005	44.68		.25
SURGERY	40	66		2,354.67		35.68	.036	58.87		1.29
PATHOLOGY	293	1,057		14,163.74		13.40	.581	48.34		7.78
RADIOLOGY	84	86		6,623.70		77.02	.047	78.85		3.64
ROOM USE	269	478		14,790.02		30.94	.263	54.98		8.13
CROSSOVERS/ALL OTH OUTPTNT		1,767	_	34,719.17	_	19.65	.971	136.15	_	19.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	.00	_	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	•		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00

0

0

0

0

0

\$

0

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		•
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00
@LABORATORY FACILITY	0 147	239	Ş	4,488.44	\$	18.78	.131		
PATHOLOGY	14/	239		4,488.44		18.78	.131	30.53	2.47
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	56	226	\$	15,658.12	\$	69.28	.124		•
CLINIC	39	168		7,351.23		43.76 26.91	.092	188.49	4.04
SURGICENTER	3	16		430.62		26.91	.009	143.54	.24
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	14	42		7,876.27		187.53	.023	562.59	4.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES MO	NTH-OF-PAYMENT R	REPORT	FOR JAN 2	002 THRU D	EC 2002	PAGE 8,540
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 185%	PROGRAM	- PREGNANT A	AID CO	DES 44 48	49		
							MO	NTHLY AVERA	GE
1,820 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	COST PER
•		OR DAYS OF CA	RE		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	93	271	\$	8,261.11		30.48	.149		
DURABLE MED. EQUIP.	0	0	•	.00		.00	.000	.00	.00
BLOOD BANK	0	0		.00		.00	.000		.00
HEARING AID DISPENSERS	Ö	0		.00		.00			.00
MEDICAL TRANSPORTATION	5	181		1,343.11		7.42	000	.00 268.62	.74
AMBULANCES/AIR TRANS	5	181		1,343.11		7.42	.099	268.62	.74
OTHER TRANS	5	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
	0	0		.00			0.00	0.0	.00
ACUPUNCTURE	0	0				.00	.000	.00	
ADULT DAY HEALTH CARE CTR	89	90		.00		.00	.000	.00	.00
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	89			6,918.00		76.87	.049	77.73	3.80
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00	.00
OPTICIAN	0	0		.00		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00			.00
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	5	27	\$	18,665.13	\$	691.30	.015	\$ 3733.03	\$ 10.26
@XOVER EXCLUDING STATE HOSP**	. 0	0	Ś	.00		.00		\$.00	
0* TOTALS IN THESE LINES ARE		ATE INFORMATION	ITEM O		·				,
THE AMOUNTS ARE ALREADY IN				•					
** THESE DATA ARE INCLUDED I			_	12012.					
	MEDI-CAL SERVIC			NTH-OF-PAYMENT R	REPORT	FOR JAN 2	ים זואדו 2002	EC 2002	PAGE 8,541
	FEE-FOR-SERVICE		01(110)	VIII OI IAIRIUNI IV	OI/I	ION OAN Z	.002 IIINO D.		01/17/03
NEVADA COUNTY	SUMMARY OF SERV		Y POST	PARTIM PROCRAM		AID CODE	76		01/1//03
MINDA COUNTI	POLITICAL OF DEVA	TODO FOR OU-DA	1 1001	TITTION TIVOGIVAN		TITO CODE		מחחוי אינים א	GE
22 ELICIDIES	HCEDC	INTER OF CERVI	ar.	EADENDIMIDEC	7, 7, 77	DACE COCE			GE

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

23 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	7	15	\$ 734.77	\$ 48.98	.652 \$		\$ 31.95
@PHYSICIANS SERVICES	4	7	\$ 369.92	\$ 52.85	.304 \$	92.48	\$ 16.08
OUTPATIENT VISITS	4	5	310.95	62.19	.217	77.74	13.52
OFFICE VISITS	4	5	310.95	62.19	.217	77.74	13.52
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
	0	0					
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	•	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2	58.97	29.49	.087	58.97	2.56
@PHARMACY	0		\$.00	\$.00	.000 \$		\$.00
-	0	0					
PRESCRIPTION DRUGS	0	•	.00	.00	.000	.00	.00
SNF/ICF	•	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0		\$.00	\$.00	.000 \$		
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		_	S MONTH-OF-PAYMENT I				PAGE 8,542
			2 MONIU-OL-BAIMENI I	VELOVI LOK DAN	. ZUUZ IRKU DE	10 2002	
MOPO24	FEE-FOR-SERVICE			7 TD CO	NE 76		01/17/03
NEVADA COUNTY	SUMMAKI OF SERV	ICES FUR 6U-DAY P	OST PARTUM PROGRAM	AID COD		י מייי א זווחוו	CE
22 81 1010182	HODDO	INTEG OF GERLITCE		717ED7CE CCC			GE
23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	ST UNITS/DAYS	COST PER	COST PER

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	·	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	·	.00	.000	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00	.00
SURGERY/ANES.	0	0	.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.00
OTHER	0	0	.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	5	\$ 311.72	\$	62.34	.217	\$ 311.72	\$ 13.55
HOSP INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	5	311.72		62.34	.217	311.72	13.55
MEDICAL	0	0	.00		.00	.000	.00	.00
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	2.64		.00	.000	.00	.11

RADIOLOGY	0	0	157.39	.00	.000	.00		6.84
ROOM USE	1	1	51.10	51.10	.043	51.10		2.22
CROSSOVERS/ALL OTH OUTPTNT	1	4	100.59	25.15	.174	100.59		4.37
@COUNTY HOSPITAL TOTAL	0	0 :	.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAYMENT REP	ORT FOR JAN 2	002 THRU DE	C 2002	PAGE	8,543
MOP024	FEE-FOR-SERVICE/DENTAL						01	/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	60-DAY P	OST PARTUM PROGRAM	AID CODE	76			
					MON'	THLY AVERAG	E	

23 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 1 5 311.72 62.34 .217 \$ 311.72 \$ 13.55 .00 .00 COMM HOSP INPATIENT TOTAL .00 .000 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 311.72 62.34 .217 311.72 13.55 MEDICAL .00 .00 .000 .00 .00 .00 SURGERY 0 .00 .000 .00 .00 PATHOLOGY 2.64 .00 .000 .00 .11 RADIOLOGY 157.39 .00 .000 .00 6.84 ROOM USE 51.10 51.10 .043 51.10 2.22 100.59 25.15 .174 100.59 4.37 CROSSOVERS/ALL OTH OUTPINT 0 .00 \$.00 .000 \$.00 \$.00 @STATE HOSPITAL 0 .00 .000 MENTALLY ILL .00 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 @NURSING FACILITY .00 .00 .000 \$.00 \$.00 .00 .00 .000 .00 .00 LEV A-INTERMEDIATE LEV B-REHAB MD .00 .00 .000 .00 .00 0 .00 .00 .00 .000 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .00 .000 .00 LEV B-SUBACUTE HSPTL BASED 0 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 LEV B-REGULAR .00 .00 .000 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 \$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	3	\$	53.13	\$	17.71	.130	\$	17.71	\$	2.31
PATHOLOGY	3	3		53.13		17.71	.130		17.71		2.31
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES N	MONTH-OF-PAYMENT E	REPORT	FOR JAN	2002 THRU	DEC	2002	PAG:	E 8,544
MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FO	OR 60-DAY	POST	I PARTUM PROGRAM		AID CODE	76				
							M	IONT	HLY AVERA	GE	
23 ELIGIBLES	USERS UNITS	OF SERVICE	C	EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	S	COST PER	CO	ST PER
	OR DA	YS OF CARE	C		PER	UNIT/DAY	PER ELIG	j	USER	EL	IGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00

23 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	4 \$	271.94	\$ 67.99	.174 \$	271.94	\$ 11.82
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,545 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

NEVADA COUNTY	SUMMARY OF SER	VICES FOR 185%/60	J-DAY	PP AID CODES 4	44 47 48 49 69	/ 6		CE	
2 210 ELICIDIES	HOEDO	INITES OF SERVICE	,	EADENDIMIDEC	ATTEDACE COCH		NTHLY AVERA		
3,318 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
amomat all province	1 (1 5	OR DAYS OF CAR		005 001 63	PER UNIT/DAY		USER \$ 554.73		ELIGIBLE 270.01
@TOTAL, ALL PROVIDERS	1,615	8,847	\$	895,891.63	\$ 101.27	2.666		\$ \$	53.28
@PHYSICIANS SERVICES	870 554	2,383	\$	176,784.79	\$ 74.19	.718 :		Þ	9.75
OUTPATIENT VISITS		828		32,353.68	39.07		58.40		
OFFICE VISITS	379	530		16,084.30	30.35	.160	42.44		4.85
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	139	174		7,130.78	40.98	.052	51.30		2.15
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	71	121		9,073.52	74.99	.036	127.80		2.73
OTHER OUTPATIENT	3	3		65.08	21.69	.001	21.69		.02
INPATIENT VISITS	131	331		20,288.36	61.29	.100	154.87		6.11
HOSPITAL VISITS	124	268		11,768.07	43.91	.081	94.90		3.55
CRITICAL CARE	13	63		8,520.29	135.24	.019	655.41		2.57
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	2	2		81.62	40.81	.001	40.81		.02
EXAMINATIONS	2	2		81.62	40.81	.001	40.81		.02
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	119	479		90,549.28	189.04	.144	760.92		27.29
PRINCIPAL SURGEON	88	97		78 , 588.96	810.20	.029	893.06		23.69
ASSISTANT SURGEON	14	14		2,611.00	186.50	.004	186.50		.79
ANESTHESIOLOGIST	41	368		9,349.32	25.41	.111	228.03		2.82
OUTPATIENT SURGERY	74	129		11,013.66	85.38	.039	148.83		3.32
PRINCIPAL SURGEON	70	87		9,590.97	110.24	.026	137.01		2.89
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	16	42		1,422.69	33.87	.013	88.92		.43
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	124	212		4,665.04	22.00	.064	37.62		1.41
RADIOLOGY	181	219		10,004.09	45.68	.066	55.27		3.02
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	33	60		1,905.59	31.76	.018	57.75		.57
OTHER SERVICES/ALL X-OVERS	78	123		5,923.47	48.16	.037	75.94		1.79
@PHARMACY	529	988	\$	36,695.32	\$ 37.14	.298	\$ 69.37	\$	11.06
PRESCRIPTION DRUGS	523	840		36,279.75	43.19	.253	69.37		10.93
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	523	840		36,279.75	43.19	.253	69.37		10.93
MEDICAL SUPPLIES	12	148		415.57	2.81	.045	34.63		.13
@DENTIST	5	9	\$	91.00	\$ 10.11	.003	\$ 18.20	\$.03
VISITS - DIAGNOSTIC	4	7		91.00	13.00	.002	22.75		.03
ORAL SURGERY	1	1		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	1		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,546 MOP024

01/17/03

FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

NEVADA COUNTY	SUMMARY OF SERV.	ICES FOR	185%/60	-DAY PP	AID CODES	44 4	/ 48 49 69					
										HLY AVERA	GE	
3,318 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS					R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$		\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	20		35	\$	1,704.41	\$	48.70	.011	Ś	85.22	Ś	.51
NURSE ANESTHESIST	0		0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	9		34	\$	3,516.81	\$	103.44	.010	Ś	390.76	\$	1.06
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	1		1	\$	26.18	\$	26.18	.000		26.18	\$.01
@TOTAL HOSPITAL	710	4	1,524	\$	641,415.07		141.78	1.363		903.40	Ś	193.31
HOSP INPATIENT TOTAL	119		519	Υ	552,416.14	Υ	1064.39	.156	7	4642.15	Υ	166.49
HSC HOSPITALS	14		125		160,124.03		1280.99	.038		11437.43		48.26
NON-HSC HOSPITAL TOTAL	106		394		392,292.11		995.67	.119		3700.87		118.23
ACCOMMODATIONS	106		394		136,306.01		345.95	.119		1285.91		41.08
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	106		394		136,306.01		345.95	.119		1285.91		41.08
ANCILLARIES	106		0		255,986.10		.00	.000		2414.96		77.15
	0		0		•		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00							
ALL OTHER INPATIENT	650		1,005		.00 88,998.93		.00	.000 1.207		.00 136.92		.00 26.82
HOSP OUTPATIENT TOTAL		2	•		•		22.22					
MEDICAL	62		83		2,674.96		32.23	.025		43.14		.81
SURGERY	45		72		2,562.55		35.59	.022		56.95		.77
PATHOLOGY	332	=	1,170		15,296.38		13.07	.353		46.07		4.61
RADIOLOGY	116		123		10,336.97		84.04	.037		89.11		3.12
ROOM USE	413	_	678		21,534.06		31.76	.204		52.14		6.49
CROSSOVERS/ALL OTH OUTPINT		-	L , 879		36,594.01		19.48	.566		112.25		11.03
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONTH	I-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEG	C 2002	PAGE 8,547
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FO	OR 185%/60-DAY PP	AID CODES 44 47	48 49 69 7	6		

						MC	ONTHLY AVERA	GE
3,318 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	710	4,524	\$	641,415.07	\$ 141.78	1.363	\$ 903.40	\$ 193.31
COMM HOSP INPATIENT TOTAL	119	519		552,416.14	1064.39	.156	4642.15	166.49
HSC HOSPITALS	14	125		160,124.03	1280.99	.038	11437.43	48.26
NON-HSC HOSPITALS TOTAL	106	394		392,292.11	995.67	.119	3700.87	118.23
ACCOMMODATIONS	106	394		136,306.01	345.95	.119	1285.91	41.08
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	106	394		136,306.01	345.95	.119	1285.91	41.08
ANCILLARIES	106	0		255 , 986.10	.00	.000	2414.96	77.15
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	650	4,005		88,998.93	22.22	1.207	136.92	26.82
MEDICAL	62	83		2 , 674.96	32.23	.025	43.14	.81
SURGERY	45	72		2 , 562.55	35.59	.022	56.95	.77
PATHOLOGY	332	1,170		15 , 296.38	13.07	.353	46.07	4.61
RADIOLOGY	116	123		10,336.97	84.04	.037	89.11	3.12
ROOM USE	413	678		21,534.06	31.76	.204	52.14	6.49
CROSSOVERS/ALL OTH OUTPTNT	326	1 , 879		36 , 594.01	19.48	.566	112.25	11.03
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	Λ		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUIE HSFIL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0					.000				.00
LEV B-REGULAR	0	0	ċ	.00	Ś	.00		ċ	.00	ċ	
@INTERMEDIATE CARE FACILDD	0	0	Ş	.00		.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	0	0	Ş	.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	1	\$	88.36		88.36	.000	\$	88.36	\$.03
HOSPITAL BASED	1	1		88.36		88.36	.000		88.36		.03
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	151	244	\$	4,564.57	\$	18.71	.074	\$	30.23	\$	1.38
PATHOLOGY	151	244		4,564.57		18.71	.074		30.23		1.38
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	77	256	\$	18,894.63	\$	73.81	.077	\$	245.38	\$	5.69
CLINIC	42	172		7,422.19		43.15	.052		176.72		2.24
SURGICENTER	4	22		670.83		30.49	.007		167.71		.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	31	62		10,801.61		174.22	.019		348.44		3.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES MONTH-	OF-PAYMENT	REPORT	FOR JAN 2002	2 THRU	DEC	2002	P.	AGE 8,548
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	185%/6	60-DAY PP	AID CODES	44 47	48 49 69 76					
							N	ONTI	HLY AVERA	GE -	

					MON	ITHLY AVERA	GE
3,318 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	103	372 \$	12,110.49	\$ 32.56	.112	117.58	\$ 3.65
DURABLE MED. EQUIP.	5	8	228.33	28.54	.002	45.67	.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	269	4,800.61	17.85	.081	685.80	1.45
AMBULANCES/AIR TRANS	7	269	4,800.61	17.85	.081	685.80	1.45
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	89	90	6,918.00	76.87	.027	77.73	2.08
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	57.20	28.60	.001	57.20	.02
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.99	50.00	.001	99.99	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	6.36	6.36	.000	6.36	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	38	470	\$ 72,540.68	\$ 154.34	.142	\$ 1908.97	\$ 21.86
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,549 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----834 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 701 265,848.11 379.24 \$ 318.76 @TOTAL, ALL PROVIDERS 5,192 \$ 51.20 6.225 \$ 112 326 3,652.10 .391 \$ 32.61 \$ @PHYSICIANS SERVICES 11.20 4.38 0 0 .00 .000 .00 OUTPATIENT VISITS .00 .00 OFFICE VISITS 0 .00 .00 .000 .00 .00 .00 .00 HOME VISITS .00 .000 .00 .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .000 .00 .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 . 00 .00 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 EXAMINATIONS .00 .00 .000 .00 .00 .00 .000 SERVICES AND MATERIALS .00 . 00 . 00 .00 . 00 . 00 INPATIENT HOSPITAL SURGERY .000 . 00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 . 00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS 2.82 2.82 2.82 PATHOLOGY .001 .00 .000 RADIOLOGY .00 .00 .00 .00 .00 PSYCHIATRY .00 .000 .00 .00 .00 IMMUNIZATION AND INJECTION 0 0 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS 111 325 3,649.28 11.23 .390 32.88 4.38 @PHARMACY 615 3,692 199,353.75 \$ 54.00 4.427 \$ 324.15 \$ 239.03 PRESCRIPTION DRUGS 613 2,524 196,488.11 77.85 3.026 320.54 235.60 3 SNF/ICF 18 480.57 26.70 .022 160.19 .58 612 3.005 320.27 2,506 196,007.54 78.22 235.02 OUTPATIENTS 32 MEDICAL SUPPLIES 1,168 2,865.64 2.45 1.400 89.55 3.44 102 .122 \$ 170.12 \$ @DENTIST 5,784.00 56.71 6.94 VISITS - DIAGNOSTIC 21 5.3 869.00 16.40 .064 41.38 1.04 4 16 1,170.00 73.13 .019 292.50 1.40 ORAL SURGERY .00 .00 .000 .00 DRUGS .00 100.00 100.00 100.00 .001 .12 ANESTHESIA .00 .00 .000 .00 .00 PERIODONTICS 0 .00 .000 ENDODONTICS .00 .00 .00 11 RESTORATIVE DENTISTRY 585.00 53.18 .013 117.00 .70 PROSTHETICS 30.00 15.00 .002 15.00

DENTURES, STAYPLATES	11	19	3,030.00	159.47	.023	275.45	3.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT H	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 8,550
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES	FOR TITLE II	DISREGARD - AGED	AID COD	E 16		
							~=

NEVADA COUNTY	SUMMARY OF SER	VICES FOR	TITLE I	I DIS	REGARD - AGED		AID CODE	16				
								M	ONT	HLY AVERA	GE	
834 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	14		31	\$	569.31	\$	18.36	.037	\$	40.67	\$.68
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	8		20		347.31		17.37	.024		43.41		.42
OTHER OPTOMETRIC SERVICES	7		11		222.00		20.18	.013		31.71		.27
@CHIROPRACTOR	1		1	\$	16.72	\$	16.72	.001	\$	16.72	\$.02
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	1		1		16.72		16.72	.001		16.72		.02
@PODIATRIST	18		29	\$	283.92	\$	9.79	.035	\$	15.77	\$.34
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	18		29		283.92		9.79	.035		15.77		.34
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000		.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER			0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$		\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	84		413	\$	14 , 587.51	\$	35.32	.495	\$	173.66	\$	17.49
HOSP INPATIENT TOTAL	13		71		9,010.11		126.90	.085		693.09		10.80
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	13		71		9,010.11		126.90	.085		693.09		10.80
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	73		342		5,577.40		16.31	.410		76.40		6.69
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	•		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	73 0		342	÷	5,577.40	ć	16.31	.410	Ċ	76.40	Ċ	6.69
@COUNTY HOSPITAL TOTAL	•		0	\$.00	\$.00	.000	Ş	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INDAMIENM CDOCCOVEDC	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00			.00		.00
ALL OTHER INPATIENT	0		0					.000				
CO HOSP OUTPATIENT TOTAL			-		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		ENDITUR	ES MON	ITH-OF-PAYMENT R	EPORT.	' FOR JAN 2	2002 THRU	DEC	2002	P	AGE 8,551
MOP024	FEE-FOR-SERVICE											01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR '	TITLE I	I DISF	REGARD - AGED		AID CODE					
										HLY AVERA		
834 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY	S			COST PER
		OR DAYS					- ,	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	84		413	\$	14 , 587.51	\$	35.32	.495	\$	173.66	\$	17.49
COMM HOSP INPATIENT TOTAL	13		71		9,010.11		126.90	.085		693.09		10.80
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	13		71		9,010.11		126.90	.085		693.09		10.80
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	73		342		5,577.40		16.31	.410		76.40		6.69
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	73		342		5,577.40		16.31	.410		76.40		6.69
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0		0	т	.00	7	.00	.000	4	.00	7	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	8		127	\$	25,259.28	Ś	198.89	.152	\$	3157.41	Ś	30.29
LEV A-INTERMEDIATE	0		0	т	.00	7	.00	.000	4	.00	7	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	8		127		25,259.28		198.89	.152		3157.41		30.29
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	Ś	.00
ICF DDH	0		0	Υ	.00	7	.00	.000	7	.00	7	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	Ś	.00	Ġ	.00
HOSPITAL BASED	0		0	Y	.00	Y	.00	.000	٧	.00	Y	.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	Ċ	.00
HOSPITAL RASED	0		0	Y	.00	Y	.00	.000	٧	.00	Y	.00

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INDEPENDENT FACILITY

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	14 0 0 0 14	23 0 0 0 23	\$	2,856.15 .00 .00 .00 .00 2,856.15	\$	124.18 .00 .00 .00	.028	204.01 .00 .00 .00 .00 204.01	,	3.42 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL		ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU DE		PAGE	
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I DI	SREGARD - AGED		AID CODE				
							MON			
834 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		RAGE COST UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST ELIGI	
@ALL OTHER PROVIDERS	134	448	\$	13,485.37	\$	30.10	.537	100.64	\$ 16	5.17
DURABLE MED. EQUIP.	6	8		1,452.62		181.58	.010	242.10	. 1	.74
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	1	2		726.78		363.39	.002	726.78		.87
MEDICAL TRANSPORTATION	5	28		275.96		9.86	.034	55.19		.33
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	5	28		275.96		9.86	.034	55.19		.33
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	10	59		3,944.13		66.85	.071	394.41	4	1.73
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	15	31		423.62		13.67	.037	28.24		.51
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	8	22		440.86		20.04	.026	55.11		.53
PROSTHETICS	8	22		440.86		20.04	.026	55.11		.53
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	2	2		50.00		25.00	.002	25.00		.06

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	94	296		6,171.40	20.85	.355	65.65	7.40
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	281	1,084	\$	29,675.87	\$ 27.38	1.300	\$ 105.61	\$ 35.58
A+ MOMAIC IN MURCE IINEC ADE CIVEN		TATEODATABLEON	THEN ON	7.7.				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,553
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY	SUMMARY OF SERVI	CES FOR TITLE	II DI	ISREGARD - BLIND	AID	CODES 26	6A				
							MC	NTE	HLY AVERA	GE -	
06 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVEI	RAGE COST	UNITS/DAYS	5 (COST PER	(COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@TOTAL, ALL PROVIDERS	8	64	\$	4,968.19	\$	77.63		\$	621.02	\$	828.03
@PHYSICIANS SERVICES	1	1	\$.89	\$.89	.167	\$.89	\$.15
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		.89		.89	.167		.89		.15
@PHARMACY	7	44	\$	1,965.30	\$	44.67	7.333	\$	280.76	\$	327.55
PRESCRIPTION DRUGS	7	44		1,965.30		44.67	7.333		280.76		327.55
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	7	44		1,965.30		44.67	7.333		280.76		327.55
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	1	5	\$	220.00	\$	44.00		\$	220.00	\$	36.67
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	1	4		120.00		30.00	.667		120.00		20.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		100.00		100.00	.167		100.00		16.67
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE	S MONT	H-OF-PAYMENT RE	EPORT	FOR JAN 2		DEC	2002	P	AGE 8,554
MOP024	FEE-FOR-SERVICE,	/DENTAL									01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II	DISRE	GARD - BLIND	AID	CODES 26	6A				
							M	ONT	HLY AVERA	.GE	
06 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	4	\$	812.00	\$	203.00	.667	\$	812.00	\$	135.33
HOSP INPATIENT TOTAL	1	4		812.00		203.00	.667		812.00		135.33
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	4		812.00		203.00	.667		812.00		135.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SURGERY	0	0					
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT		· ·	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AFEE-FOR-SERVICE/DEN		NTH-OF-PAYMENT RE	SPORT FOR JAN 2	2002 THRU DEC	: 2002	PAGE 8,555 01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES		REGARD - BLIND	AID CODES 26	6A		01/11/03
NEVIDI COONT	SOUTH OF SHIVICES	TON TITLE IT DIC	NEGIND DIIND	MID CODED 20	MONT	HLY AVERA	GE
06 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
** ======		DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	4 \$	812.00	\$ 203.00	.667 \$		\$ 135.33
COMM HOSP INPATIENT TOTAL	1	4	812.00	203.00	.667	812.00	135.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	4	812.00	203.00	.667	812.00	135.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0 0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
THE PERSON OF THE CARREST OF CARREST	O .	O .	.00	• 0 0	. 5 0 0		• 0 0

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	10	Ś	1,970.00	\$	197.00	1.667	Ś		\$	328.33
CLINIC	0	0	т	.00	Τ	.00	.000	т	.00	т	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	10		1,970.00		197.00	1.667		328.33		328.33
			70 M	•						Б.	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	15 M	ONTH-OF-PAIMENT R	KEPORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 8,556
MOP024	FEE-FOR-SERVICE						6.7				01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	T DT	SREGARD - BLIND	All	CODES 26		- NTM		C.E.	
0.6 81.1018183	11077				3				HLY AVERA		
06 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
0	0	OR DAYS OF CARE		0.0			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000				.00
ORTHOTICS	0	0							.00		
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	U	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	U	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1	\$	812.89	\$	812.89	.167	\$	812.89	\$	135.48
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPAR	ATE INFORMATION I	TEM	ONLY;							
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AP	PROPRIATE DETAIL :	LINE	S ABOVE.							
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES ABO	OVE.								

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,557
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

384 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	347	3,128	\$ 247,612.15	\$ 79.16	8.146	\$ 713.58	\$ 644.82
@PHYSICIANS SERVICES	36	91	\$ 2,898.19	\$ 31.85	.237	\$ 80.51	\$ 7.55
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	15	336.81	22.45	.039	168.41	.88
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	15	336.81	22.45	.039	168.41	.88
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	34	76	2,561.38	33.70	.198	75.33	6.67
@PHARMACY	307	1,852	\$	\$	4.823	\$ 611.44	\$ 488.83
PRESCRIPTION DRUGS	301	1,320	186,704.94	141.44	3.438	620.28	486.21

SNF/ICF	6	40	3,588.84	89.72	.104	598.14	9.35
OUTPATIENTS	297	1,280	183,116.10	143.06	3.333	616.55	476.86
MEDICAL SUPPLIES	15	532	1,006.04	1.89	1.385	67.07	2.62
@DENTIST	49	213 \$	13,354.00	\$ 62.69	.555	\$ 272.53	\$ 34.78
VISITS - DIAGNOSTIC	27	96	1,509.00	15.72	.250	55.89	3.93
ORAL SURGERY	14	54	2,303.00	42.65	.141	164.50	6.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	5	1,000.00	200.00	.013	250.00	2.60
ENDODONTICS	4	5	690.00	138.00	.013	172.50	1.80
RESTORATIVE DENTISTRY	13	38	4,811.00	126.61	.099	370.08	12.53
PROSTHETICS	1	1	30.00	30.00	.003	30.00	.08
DENTURES, STAYPLATES	7	14	3,011.00	215.07	.036	430.14	7.84
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 8,558
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

NEVADA COUNTI	SUMMAKI OF SEK	VICES FOR IIILE .	II DI	OKEG - DISABLED A	ID CC	DES 30 00		 		
							M		GE	
384 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	8	14	\$	329.58	\$	23.54	.036	\$ 41.20	\$	
DIAGNOSTIC AND ANC. PROCED	3	3		142.35		47.45	.008	47.45		.37
EYE APPLIANCES	5	10		160.12		16.01	.026	32.02		.42
OTHER OPTOMETRIC SERVICES	1	1		27.11		27.11	.003	27.11		.07
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.003	\$ 16.72	\$.04
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	1	1		16.72		16.72	.003	16.72		.04
@PODIATRIST	2	3	\$	24.94	\$	8.31	.008	\$ 12.47	\$.06
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	2	3		24.94		8.31	.008	12.47		.06
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	43	153	\$	8,246.22	\$	53.90	.398	\$ 191.77	\$	21.47
HOSP INPATIENT TOTAL	8	45		5,374.99		119.44	.117	671.87		14.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	8	45		5,374.99		119.44	.117	671.87		14.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	37	108		2,871.23		26.59	.281	77.60		7.48
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	1	1		60.89		60.89	.003	60.89		.16
PATHOLOGY	1	1		3.47		3.47	.003	3.47		.01

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	216.54	72.18	.008	216.54	.56
CROSSOVERS/ALL OTH OUTPTNT	36	103	2,590.33	25.15	.268	71.95	6.75
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURES	S MONTH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 8,559
MOP024	FEE-FOR-SERVICE/DENT	$^{ m L}$					01/17/03
NEWADA COUNTY	CHMMADY OF CEDUTCEC	ZOD MIMIT II	DICDEC DICADIED A	TD CODEC 26 66	60		

NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

NEVIIDII COCNII	DOINING OF BEI	VIOLO IOIC III		LI DIO	THE DISTIBLES II	10 00	00000				~-	
004				_				MC			GE	
384 ELIGIBLES	USERS	UNITS OF SER			EXPENDITURES			UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF					R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	43	15		\$	8,246.22	\$	53.90	.398	\$	191.77	\$	21.47
COMM HOSP INPATIENT TOTAL	8	4	5		5 , 374.99		119.44	.117		671.87		14.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8	4	5		5,374.99		119.44	.117		671.87		14.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	37	10	8		2,871.23		26.59	.281		77.60		7.48
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	1		1		60.89		60.89	.003		60.89		.16
PATHOLOGY	1		1		3.47		3.47	.003		3.47		.01
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	1		3		216.54		72.18	.008		216.54		.56
CROSSOVERS/ALL OTH OUTPTNT	36	10	3		2,590.33		25.15	.268		71.95		6.75
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	3	3	3	\$	3,604.31	\$	109.22	.086	\$	1201.44	\$	9.39
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	3	3		3,604.31		109.22	.086		1201.44		9.39
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	15	27	\$	3,948.49	\$	146.24	.070	\$	263.23	\$	10.28
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15	27		3,948.49		146.24	.070		263.23		10.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	JRES	MONTH-OF-PAYMENT F	REPORT	r for Jan 200	2 THRU	DEC	2002	PΖ	AGE 8,560
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	TITLE	II I	DISREG - DISABLED A	AID CO	DDES 36 66 6C					

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 384 ELIGIBLES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 71.56 @ALL OTHER PROVIDERS 80 741 27,478.72 \$ 37.08 1.930 \$ 343.48 \$ 3 6 251.98 .016 503.96 DURABLE MED. EQUIP. 1,511.89 3.94 0 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 275.39 3.44 .208 68.85 .72 .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS 65 146.41 2.25 73.21 .38 OTHER TRANS .169 15 128.98 64.49 OTHER SERVICES 8.60 .039 .34 0 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 316 21,093.63 66.75 .823 878.90 54.93 .00 GENETIC DISEASE TESTING .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST OPTICIAN 154.19 11.01 22.03 14 .036 .40 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 13 1,194.13 91.86 .034 597.07 3.11 PROSTHETICS 13 1,194.13 91.86 .034 597.07 3.11 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 HOSPICE SERVICES .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .000 .00 0 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 312 3,249.49 10.42 .813 ALL OTHER PROVIDERS 69.14 8.46 0 .00 \$.00 .00 \$ @CALIF. CHILDREN SERVICES* .000 \$.00 15,357.26 \$ 16.62 2.406 \$ 139.61 \$ 39.99 @XOVER EXCLUDING STATE HOSP** 110

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,561

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

NEVADA COONII	DOPEMARY OF DERV.	ICES FOR	111111111111111111111111111111111111111	I DIDIKE	OAND PARILLE	D	AID CODE	M	ONTI	HIY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	Δ1/Ε	RAGE COST			COST PER	LUD.	COST PER
00 EDIGIDDES	OSERS		OF CARE		EXTENDITORES		UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	OK DAIS	0	\$.00	\$.00	.000		.00	Ś	.00
@PHYSICIANS SERVICES	0		0	\$.00	\$ \$.00	.000		.00	\$.00
OUTPATIENT VISITS	0		0	Ÿ	.00	۲	.00	.000	۲	.00	ې	.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
	0		0									
HOME VISITS	0				.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	•		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00		.00
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	0		0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0	•	.00	·	.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		Ō		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
THE OTHER SERVICES	O		J		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,562 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

NEVADA COUNTI	SUMMARI OF SER	VICES FOR	TITTE I	T DIS	REGARD - FAMILIES)	AID CODE	40				
								Mo	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

01/17/03

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	Ô	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	Ü	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	U	0	.00	.00	.000	.00	.00
PATHOLOGY	Ü	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 8,563
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
				AID CODE	46		•
MOP024 NEVADA COUNTY		/DENTAL ICES FOR TITLE II DISR		AID CODE		THLY AVERA	01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISR	EGARD - FAMILIES		MON		01/17/03 GE
		ICES FOR TITLE II DISR UNITS OF SERVICE		AVERAGE COST	MON UNITS/DAYS	COST PER	01/17/03 GE COST PER
NEVADA COUNTY 00 ELIGIBLES	SUMMARY OF SERV USERS	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE	EGARD - FAMILIES EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	COST PER USER	01/17/03 GE COST PER ELIGIBLE
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$	EGARD - FAMILIES EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$.00	MON UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	01/17/03 GE COST PER ELIGIBLE \$.00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIES EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIES EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O \$ O O O O O O O O O O O O O O O O O	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O \$ O O O O O O O O O O O O O O O O O	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O \$ O O O O O O O O O O O O O O O O O	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O \$ O O O O O O O O O O O O O O O O O	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE O \$ O O O O O O O O O O O O O O O O O	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O \$ O O O O O O O O O O O O O O O O O	EGARD - FAMILIES EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00 \$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00 \$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00 \$.00	.000	\$		\$.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00 \$.00	.000	\$		\$.00
CLINIC	0	0		.00	.00	.000		.00		.00
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-O	F-PAYMENT REPO	RT FOR JAN 20	02 THRU I	DEC 200)2	PAGE	8,564
MOP024	FEE-FOR-SERVICE/DENTAL								01	/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISREGAR	D - FAMILIES	AID CODE 4					
						M	NTHLY	AVERA	GE	

					MON'	HLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,565 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

1.2 11.511 0001.11	301111111 01 321112			11.20111.2	MONTHLY AVERAGE				GE		
1,224 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,056	8,384	\$	518,428.45	\$	61.84	6.850	\$	490.94	\$	423.55
@PHYSICIANS SERVICES	149	418	\$	6,551.18	\$	15.67	.342	\$	43.97	\$	5.35
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	15		336.81		22.45	.012		168.41		.28
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	15		336.81		22.45	.012		168.41		.28
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		2.82		2.82	.001		2.82		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	146	402		6,211.55		15.45	.328		42.54		5.07
@PHARMACY	929	5,588	\$	389,030.03	\$	69.62	4.565	\$	418.76	\$	317.83
PRESCRIPTION DRUGS	921	3,888		385,158.35		99.06	3.176		418.20		314.67
SNF/ICF	9	58		4,069.41		70.16	.047		452.16		3.32
OUTPATIENTS	916	3,830		381,088.94		99.50	3.129		416.04		311.35
MEDICAL SUPPLIES	47	1,700		3,871.68		2.28	1.389		82.38		3.16
@DENTIST	84	320	\$	19,358.00	\$	60.49	.261	\$	230.45	\$	15.82
VISITS - DIAGNOSTIC	48	149		2,378.00		15.96	.122		49.54		1.94
ORAL SURGERY	19	74		3,593.00		48.55	.060		189.11		2.94
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.08
PERIODONTICS	4	5		1,000.00		200.00	.004		250.00		.82
ENDODONTICS	4	5		690.00		138.00	.004		172.50		.56
RESTORATIVE DENTISTRY	18	49		5,396.00		110.12	.040		299.78		4.41
PROSTHETICS	3	3		60.00		20.00	.002		20.00		.05

DENTURES, STAYPLATES	18	33	6,041.00	183.06	.027	335.61	4.94
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.001	100.00	.08
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT H	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 8,566
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
NEVADA COUNTY	SUMMARY OF SERVICE	S FOR TITLE II	DISREGARD				

NEVIIEL COUNTY	001111111111111111111111111111111111111	1020 1010			(2011)			MO	TNC	HLY AVERA	GE.	
1,224 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S (COST PER		COST PER
•		OR DAYS	OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	22		45	\$	898.89	\$	19.98	.037	\$	40.86	\$.73
DIAGNOSTIC AND ANC. PROCED	3		3		142.35		47.45	.002		47.45		.12
EYE APPLIANCES	13		30		507.43		16.91	.025		39.03		.41
OTHER OPTOMETRIC SERVICES	8		12		249.11		20.76	.010		31.14		.20
@CHIROPRACTOR	2		2	\$	33.44	\$	16.72	.002	\$	16.72	\$.03
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	2		2		33.44		16.72	.002		16.72		.03
@PODIATRIST	20		32	\$	308.86	\$	9.65	.026	\$		\$.25
MEDICINE/INJECTIONS	0		0		.00	·	.00	.000	·	.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	20		32		308.86		9.65	.026		15.44		.25
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	Ś		\$.00
NURSE ANESTHESIST	0		Ō	\$.00	\$.00			.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	Ś		\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	128		570	Ś		Ś	41.48	.466		184.73	Ś	19.32
HOSP INPATIENT TOTAL	22		120		15,197.10	'	126.64	.098		690.78		12.42
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		Ō		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	22		120		15,197.10		126.64	.098		690.78		12.42
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	110		450		8,448.63		18.77	.368		76.81		6.90
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	ĺ		1		60.89		60.89	.001		60.89		.05
PATHOLOGY	1		1		3.47		3.47	.001		3.47		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	1		3		216.54		72.18	.002		216.54		.18
CROSSOVERS/ALL OTH OUTPTNT	109		445		8,167.73		18.35	.364		74.93		6.67
@COUNTY HOSPITAL TOTAL	0		0	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	'	.00	.000		.00		.00
HSC HOSPITALS	0		Ō		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		Ō		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
111.0111111110	Ŭ		•		• 0 0		• • • •	.000		• 00		• • • •

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 8,567
MOP024	FEE-FOR-SERVICE,	DENTAL					01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II	DISREGARD				
					MON	THLY AVERA	GE
1,224 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	128	570 \$	23,645.73	\$ 41.48	.466 \$	184.73	\$ 19.32
COMM HOSP INPATIENT TOTAL	22	120	15,197.10	126.64	.098	690.78	12.42
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	22	120	15,197.10	126.64	.098	690.78	12.42
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	110	450	8,448.63	18.77	.368	76.81	6.90
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	60.89	60.89	.001	60.89	.05
PATHOLOGY	1	1	3.47	3.47	.001	3.47	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	3	216.54	72.18	.002	216.54	.18

CROSSOVERS/ALL OTH OUTPINT	109	445		8,167.73		18.35	.364		74.93		6.67
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	11	160	\$	28,863.59	\$	180.40	.131	\$	2623.96	Ś	23.58
LEV A-INTERMEDIATE	0	0	т	.00	Τ	.00	.000	Τ.	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	· ·	0		.00		.00			.00		
LEV B-SUBACUTE FREESTANDING	•	•					.000				.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	11	160		28 , 863.59		180.40	.131		2623.96		23.58
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	'	.00		.00	.000		.00	'	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ċ	.00
HOSPITAL BASED	0	0	۲		Ą	.00		ې	.00	۲	
	0	0		.00			.000				.00
INDEPENDENT FACILITY	U	0	_	.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	0	0	\$.00	Ş	.00	.000	Ş	.00	Ş	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	35	60	\$	8,774.64	\$	146.24	.049	\$	250.70	\$	7.17
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		0.0		.00
				.00		. 00	. 000		.00		
RURAL HEALTH CLINIC	•								.00 250.70		
RURAL HEALTH CLINIC	35	60	IRES N	8,774.64	ZPORT	146.24	.049	DEC	250.70	PΖ	7.17
#CALIF DEPT OF HEALTH SERV	35 MEDI-CAL SERVIC	60 ES AND EXPENDITU	JRES M		EPORI	146.24	.049	DEC	250.70	P <i>P</i>	7.17 AGE 8,568
#CALIF DEPT OF HEALTH SERV MOP024	35 MEDI-CAL SERVICE FEE-FOR-SERVICE	60 ES AND EXPENDITU /DENTAL		8,774.64 MONTH-OF-PAYMENT RI	EPORI	146.24	.049	DEC	250.70	PA	7.17
#CALIF DEPT OF HEALTH SERV	35 MEDI-CAL SERVICE FEE-FOR-SERVICE	60 ES AND EXPENDITU		8,774.64 MONTH-OF-PAYMENT RI	EPORT	146.24	.049 2002 THRU		250.70 2002		7.17 AGE 8,568 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	35 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE	II DI	8,774.64 MONTH-OF-PAYMENT RI		146.24 FOR JAN	.049 2002 THRU	IONT	250.70 2002 HLY AVERA	GE -	7.17 AGE 8,568 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024	35 MEDI-CAL SERVICE FEE-FOR-SERVICE	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC	II DI Œ	8,774.64 MONTH-OF-PAYMENT RI	AVE	146.24 FOR JAN	.049 2002 THRU M UNITS/DAY	IONT	250.70 2002 HLY AVERA COST PER	GE -	7.17 AGE 8,568 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR	II DI E RE	8,774.64 MONTH-OF-PAYMENT RE SREGARD EXPENDITURES	AVE PEF	146.24 FOR JAN CRAGE COST	.049 2002 THRU M UNITS/DAY PER ELIG	IONT 'S	250.70 2002 HLY AVERA COST PER USER	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189	II DI Œ	8,774.64 MONTH-OF-PAYMENT RESEGARD EXPENDITURES 40,964.09	AVE	146.24 FOR JAN GRAGE COST UNIT/DAY 34.45	.049 2002 THRU M UNITS/DAY PER ELIG .971	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14	II DI E RE	8,774.64 MONTH-OF-PAYMENT RESEGARD EXPENDITURES 40,964.09 2,964.51	AVE PEF	146.24 FOR JAN GRAGE COST UNIT/DAY 34.45 211.75	.049 2002 THRU M UNITS/DAY PER ELIG	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47 2.42
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0	II DI E RE	8,774.64 MONTH-OF-PAYMENT RESEGARD EXPENDITURES 40,964.09	AVE PEF	146.24 FOR JAN GRAGE COST UNIT/DAY 34.45	.049 2002 THRU M UNITS/DAY PER ELIG .971	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0	II DI E RE	8,774.64 MONTH-OF-PAYMENT RESEGARD EXPENDITURES 40,964.09 2,964.51	AVE PEF	146.24 FOR JAN GRAGE COST UNIT/DAY 34.45 211.75	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47 2.42
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0 1 9	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0	II DI E RE	8,774.64 MONTH-OF-PAYMENT RESERGARD EXPENDITURES 40,964.09 2,964.51 .00	AVE PEF	146.24 FOR JAN GRAGE COST UNIT/DAY 34.45 211.75 .00	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47 2.42 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0	II DI E RE	8,774.64 MONTH-OF-PAYMENT RE SREGARD EXPENDITURES 40,964.09 2,964.51 .00 726.78 551.35	AVE PEF	146.24 FOR JAN GRAGE COST UNIT/DAY 34.45 211.75 .00 363.39 5.11	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000 .002 .088	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00 726.78 61.26	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47 2.42 .00 .59 .45
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0 1 9 0	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0 2 108 0	II DI E RE	8,774.64 MONTH-OF-PAYMENT RE SREGARD EXPENDITURES 40,964.09 2,964.51 .00 726.78 551.35 .00	AVE PEF	146.24 FOR JAN GRAGE COST UNIT/DAY 34.45 211.75 .00 363.39 5.11 .00	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000 .002 .088 .000	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00 726.78 61.26 .00	GE - C E	7.17 AGE 8,568 01/17/03 COST PER CLIGIBLE 33.47 2.42 .00 .59 .45 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0 1 9 0 1	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0 2 108 0 65	II DI E RE	8,774.64 MONTH-OF-PAYMENT RE SREGARD EXPENDITURES 40,964.09 2,964.51 .00 726.78 551.35 .00 146.41	AVE PEF	146.24 FOR JAN RAGE COST UNIT/DAY 34.45 211.75 .00 363.39 5.11 .00 2.25	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000 .002 .088 .000 .053	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00 726.78 61.26 .00 73.21	GE - C E	7.17 AGE 8,568 01/17/03 COST PER CLIGIBLE 33.47 2.42 .00 .59 .45 .00 .12
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0 1 9 0 2 7	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0 2 108 0 65 43	II DI E RE	8,774.64 MONTH-OF-PAYMENT RE ESREGARD EXPENDITURES 40,964.09 2,964.51 .00 726.78 551.35 .00 146.41 404.94	AVE PEF	146.24 FOR JAN CRAGE COST R UNIT/DAY 34.45 211.75 .00 363.39 5.11 .00 2.25 9.42	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000 .002 .088 .000 .053 .035	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00 726.78 61.26 .00 73.21 57.85	GE - C E	7.17 AGE 8,568 01/17/03 COST PER CLIGIBLE 33.47 2.42 .00 .59 .45 .00 .12 .33
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0 1 9 0 2 7 0	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0 2 108 0 65 43 0	II DI E RE	8,774.64 MONTH-OF-PAYMENT RESERRED EXPENDITURES 40,964.09 2,964.51 .00 726.78 551.35 .00 146.41 404.94 .00	AVE PEF	146.24 FOR JAN RAGE COST RUNIT/DAY 34.45 211.75 .00 363.39 5.11 .00 2.25 9.42 .00	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000 .002 .088 .000 .053 .035 .000	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00 726.78 61.26 .00 73.21 57.85 .00	GE - C E	7.17 AGE 8,568 01/17/03 COST PER CLIGIBLE 33.47 2.42 .00 .59 .45 .00 .12 .33 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0 1 9 0 2 7 0 34	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0 2 108 0 65 43 0 375	II DI E RE	8,774.64 MONTH-OF-PAYMENT RESERRED EXPENDITURES 40,964.09 2,964.51 .00 726.78 551.35 .00 146.41 404.94 .00 25,037.76	AVE PEF	146.24 FOR JAN RAGE COST RUNIT/DAY 34.45 211.75 .00 363.39 5.11 .00 2.25 9.42 .00 66.77	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000 .002 .088 .000 .053 .035 .000 .306	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00 726.78 61.26 .00 73.21 57.85 .00 736.40	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47 2.42 .00 .59 .45 .00 .12 .33 .00 20.46
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0 1 9 0 2 7 0 34 0	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0 2 108 0 65 43 0 375 0	II DI E RE	8,774.64 MONTH-OF-PAYMENT RESERREGARD EXPENDITURES 40,964.09 2,964.51 .00 726.78 551.35 .00 146.41 404.94 .00 25,037.76 .00	AVE PEF	146.24 FOR JAN RAGE COST UNIT/DAY 34.45 211.75 .00 363.39 5.11 .00 2.25 9.42 .00 66.77 .00	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000 .002 .088 .000 .053 .035 .000 .306 .000	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00 726.78 61.26 .00 73.21 57.85 .00 736.40 .00	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47 2.42 .00 .59 .45 .00 .12 .33 .00 20.46 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0 1 9 0 2 7 0 34 0 0	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0 2 108 0 65 43 0 375 0 0	II DI E RE	8,774.64 MONTH-OF-PAYMENT RESERRED EXPENDITURES 40,964.09 2,964.51 .00 726.78 551.35 .00 146.41 404.94 .00 25,037.76 .00 .00	AVE PEF	146.24 FOR JAN CRAGE COST R UNIT/DAY 34.45 211.75 .00 363.39 5.11 .00 2.25 9.42 .00 66.77 .00 .00	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000 .002 .088 .000 .053 .035 .000 .306 .000 .000	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00 726.78 61.26 .00 73.21 57.85 .00 736.40 .00 .00	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47 2.42 .00 .59 .45 .00 .12 .33 .00 20.46 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0 1 9 0 2 7 0 34 0 0 0	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0 2 108 0 65 43 0 375 0 0 0	II DI E RE	8,774.64 MONTH-OF-PAYMENT RI ESREGARD EXPENDITURES 40,964.09 2,964.51 00 726.78 551.35 00 146.41 404.94 00 25,037.76 00 00 00	AVE PEF	146.24 FOR JAN CRAGE COST R UNIT/DAY 34.45 211.75 .00 363.39 5.11 .00 2.25 9.42 .00 66.77 .00 .00 .00	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000 .002 .088 .000 .053 .035 .000 .306 .000 .000 .000	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00 726.78 61.26 .00 73.21 57.85 .00 736.40 .00 .00 .00	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47 2.42 .00 .59 .45 .00 .12 .33 .00 20.46 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0 1 9 0 2 7 0 34 0 0 0 0 22	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0 2 108 0 65 43 0 375 0 0 0 45	II DI E RE	8,774.64 MONTH-OF-PAYMENT RESERRED EXPENDITURES 40,964.09 2,964.51 .00 726.78 551.35 .00 146.41 404.94 .00 25,037.76 .00 .00 .00 .00 577.81	AVE PEF	146.24 FOR JAN CRAGE COST R UNIT/DAY 34.45 211.75 .00 363.39 5.11 .00 2.25 9.42 .00 66.77 .00 .00 .00 .00 12.84	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000 .002 .088 .000 .053 .035 .000 .306 .000 .000 .000 .000	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00 726.78 61.26 .00 73.21 57.85 .00 736.40 .00 .00 .00 .00 .00	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47 2.42 .00 .59 .45 .00 .12 .33 .00 20.46 .00 .00 .00 .47
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0 1 9 0 2 7 0 34 0 0 0	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0 2 108 0 65 43 0 375 0 0 0	II DI E RE	8,774.64 MONTH-OF-PAYMENT RI ESREGARD EXPENDITURES 40,964.09 2,964.51 .00 726.78 551.35 .00 146.41 404.94 .00 25,037.76 .00 .00 .00 .00 .577.81	AVE PEF	146.24 FOR JAN CRAGE COST R UNIT/DAY 34.45 211.75 .00 363.39 5.11 .00 2.25 9.42 .00 66.77 .00 .00 .00 12.84 .00	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000 .002 .088 .000 .053 .035 .000 .306 .000 .000 .000 .000	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00 726.78 61.26 .00 73.21 57.85 .00 736.40 .00 .00 .00 .00 .00 .00	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47 2.42 .00 .59 .45 .00 .12 .33 .00 20.46 .00 .00 .00 .47 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0 1 9 0 2 7 0 34 0 0 0 0 22	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0 2 108 0 65 43 0 375 0 0 0 45	II DI E RE	8,774.64 MONTH-OF-PAYMENT RESERRED EXPENDITURES 40,964.09 2,964.51 .00 726.78 551.35 .00 146.41 404.94 .00 25,037.76 .00 .00 .00 .00 577.81	AVE PEF	146.24 FOR JAN CRAGE COST R UNIT/DAY 34.45 211.75 .00 363.39 5.11 .00 2.25 9.42 .00 66.77 .00 .00 .00 .00 12.84	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000 .002 .088 .000 .053 .035 .000 .306 .000 .000 .000 .000	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00 726.78 61.26 .00 73.21 57.85 .00 736.40 .00 .00 .00 .00 .00	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47 2.42 .00 .59 .45 .00 .12 .33 .00 20.46 .00 .00 .00 .47
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0 1 9 0 2 7 0 34 0 0 0 0 22 0	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0 2 108 0 65 43 0 375 0 0 0 45	II DI E RE	8,774.64 MONTH-OF-PAYMENT RI ESREGARD EXPENDITURES 40,964.09 2,964.51 .00 726.78 551.35 .00 146.41 404.94 .00 25,037.76 .00 .00 .00 .00 .577.81	AVE PEF	146.24 FOR JAN CRAGE COST R UNIT/DAY 34.45 211.75 .00 363.39 5.11 .00 2.25 9.42 .00 66.77 .00 .00 .00 12.84 .00	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000 .002 .088 .000 .053 .035 .000 .306 .000 .000 .000 .000	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00 726.78 61.26 .00 73.21 57.85 .00 736.40 .00 .00 .00 .00 .00 .00	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47 2.42 .00 .59 .45 .00 .12 .33 .00 20.46 .00 .00 .00 .47 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0 1 9 0 2 7 0 34 0 0 0 0 22 0 0	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0 2 108 0 65 43 0 375 0 0 0 45 0 0	II DI E RE	8,774.64 MONTH-OF-PAYMENT RI ESREGARD EXPENDITURES 40,964.09 2,964.51 .00 726.78 551.35 .00 146.41 404.94 .00 25,037.76 .00 .00 .00 .577.81 .00 .00	AVE PEF	146.24 FOR JAN CRAGE COST R UNIT/DAY 34.45 211.75 .00 363.39 5.11 .00 2.25 9.42 .00 66.77 .00 .00 .00 12.84 .00 .00 46.71	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000 .002 .088 .000 .053 .035 .000 .306 .000 .000 .000 .000 .000 .000	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00 726.78 61.26 .00 73.21 57.85 .00 736.40 .00 .00 .00 .00 .00 .00 .00	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47 2.42 .00 .59 .45 .00 .12 .33 .00 20.46 .00 .00 .00 .47 .00 .00 .134
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0 1 9 0 2 7 0 34 0 0 0 22 0 0 10 10	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0 2 108 0 65 43 0 375 0 0 0 45 0 0 35 35	II DI E RE	8,774.64 MONTH-OF-PAYMENT RESERRED EXPENDITURES 40,964.09 2,964.51 .00 726.78 551.35 .00 146.41 404.94 .00 25,037.76 .00 .00 .00 577.81 .00 .00 1,634.99 1,634.99	AVE PEF	146.24 FOR JAN CRAGE COST R UNIT/DAY 34.45 211.75 .00 363.39 5.11 .00 2.25 9.42 .00 66.77 .00 .00 .00 12.84 .00 .00 46.71 46.71	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000 .002 .088 .000 .053 .035 .000 .306 .000 .000 .000 .000 .000 .000	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00 726.78 61.26 .00 73.21 57.85 .00 736.40 .00 .00 .00 .00 .00 .00 .00	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47 2.42 .00 .59 .45 .00 .12 .33 .00 20.46 .00 .00 .00 .47 .00 .00 .134 1.34
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	35 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0 1 9 0 2 7 0 34 0 0 0 22 0 0 10 10 10 10	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0 2 108 0 65 43 0 375 0 0 0 45 0 0 35 35	II DI E RE	8,774.64 MONTH-OF-PAYMENT RESERRED EXPENDITURES 40,964.09 2,964.51 .00 726.78 551.35 .00 146.41 404.94 .00 25,037.76 .00 .00 .00 577.81 .00 .00 1,634.99 1,634.99 .00	AVE PEF	146.24 FOR JAN CRAGE COST R UNIT/DAY 34.45 211.75 .00 363.39 5.11 .00 2.25 9.42 .00 66.77 .00 .00 .00 12.84 .00 .00 46.71 46.71 .00	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000 .002 .088 .000 .053 .035 .000 .306 .000 .000 .000 .000 .000 .000	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00 726.78 61.26 .00 73.21 57.85 .00 736.40 .00 .00 .00 .00 .00 .00 .00	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47 2.42 .00 .59 .45 .00 .12 .33 .00 20.46 .00 .00 .00 .47 .00 .00 .134 1.34 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 1,224 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 214 9 0 1 9 0 2 7 0 34 0 0 0 22 0 0 10 10	60 ES AND EXPENDITU /DENTAL ICES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 1,189 14 0 2 108 0 65 43 0 375 0 0 0 45 0 0 35 35	II DI E RE	8,774.64 MONTH-OF-PAYMENT RESERRED EXPENDITURES 40,964.09 2,964.51 .00 726.78 551.35 .00 146.41 404.94 .00 25,037.76 .00 .00 .00 577.81 .00 .00 1,634.99 1,634.99	AVE PEF	146.24 FOR JAN CRAGE COST R UNIT/DAY 34.45 211.75 .00 363.39 5.11 .00 2.25 9.42 .00 66.77 .00 .00 .00 12.84 .00 .00 46.71 46.71	.049 2002 THRU M UNITS/DAY PER ELIG .971 .011 .000 .002 .088 .000 .053 .035 .000 .306 .000 .000 .000 .000 .000 .000	IONT 'S	250.70 2002 HLY AVERA COST PER USER 191.42 329.39 .00 726.78 61.26 .00 73.21 57.85 .00 736.40 .00 .00 .00 .00 .00 .00 .00	GE - C E	7.17 AGE 8,568 01/17/03 COST PER ELIGIBLE 33.47 2.42 .00 .59 .45 .00 .12 .33 .00 20.46 .00 .00 .00 .47 .00 .00 .134 1.34

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	141	608		9,420.89	15.49	.497	66.81	7.70
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	392	2,009	\$	45,846.02	\$ 22.82	1.641	\$ 116.95	\$ 37.46
A* TOTALS IN THESE LINES ARE CIVEN	AS A SEDARAT	F INFORMATION I	TTEM ON	T.V •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,569
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

NEVADA COUNTI	SUMMARI OF SER	VICES FOR IN HOME	7 201	PPORI - AGED		AID CODE	T 0				
							M	ONT:	HLY AVERA	GΕ	
674 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE	3		PEF	R UNIT/DAY	_		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	581	11,127	\$	337,474.05	\$	30.33	16.509		580.85		500.70
@PHYSICIANS SERVICES	77	616	\$	2,763.32	\$	4.49	.914	\$	35.89	\$	4.10
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	77	616		2,763.32		4.49	.914		35.89		4.10
@PHARMACY	491	4,682	\$	152,289.72	\$	32.53	6.947	\$	310.16	\$	225.95
PRESCRIPTION DRUGS	483	2,433		146,373.37		60.16	3.610		303.05		217.17
SNF/ICF	18	91		4,964.18		54.55	.135		275.79		7.37
OUTPATIENTS	468	2,342		141,409.19		60.38	3.475		302.16		209.81
MEDICAL SUPPLIES	64	2,249		5,916.35		2.63	3.337		92.44		8.78
@DENTIST	18	64	\$	2,897.00	\$	45.27	.095	\$	160.94	\$	4.30
VISITS - DIAGNOSTIC	13	27	•	510.00	•	18.89	.040		39.23		.76
ORAL SURGERY	5	16		484.00		30.25	.024		96.80		.72

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	6	12		1,428.00		119.00	.018		238.00		2.12
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	4	9		475.00		52.78	.013		118.75		.70
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES M		REPORT			EC 2		P	AGE 8,570
MOP024	FEE-FOR-SERVICE				0	1011 01111 1	2002 211110 2		002	-	01/17/03
NEVADA COUNTY		ICES FOR IN HOME	SUP	PPORT - AGED		AID CODE	1.8				01/1//00
NEVIIBII GGGNII	DOIMING OF BEICV		501	1011 11022		1110 0000	MC	омтнт.	Y AVERA	GE.	
674 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		ST PER		COST PER
O, I EDICIDADO	OBLIG	OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1	10	Ś	137.88	\$	13.79	.015		34.47		.20
DIAGNOSTIC AND ANC. PROCED		0	Y	.00	Y	.00	.000	Ÿ	.00	Y	.00
	0	7									
EYE APPLIANCES	3	•		127.53		18.22	.010		42.51		.19
OTHER OPTOMETRIC SERVICES	3	3	<u> </u>	10.35	<u> </u>	3.45	.004	<u> </u>	3.45	<u> </u>	.02
@CHIROPRACTOR	U	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	16	22	\$	212.42	\$	9.66	.033	\$	13.28	\$.32
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	16	22		212.42		9.66	.033		13.28		.32
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	2	\$	23.33	\$	11.67	.003	\$	11.67	\$.03
@TOTAL HOSPITAL	88	521	\$	23,106.75	\$	44.35	.773	\$	262.58	\$	34.28
HOSP INPATIENT TOTAL	23	90		16,153.13		179.48	.134		702.31		23.97
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	23	90		16,153.13		179.48	.134		702.31		23.97
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
		· ·									
HOSP OUTPATIENT TOTAL	68	431		6,953.62		16.13	.639		102.26		10.32
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	U	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		431		6,953.62		16.13	.639		102.26		10.32
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
	MEDI-CAL SERVICES	•	EC MO						Ъ	AGE 8,571
			ES MOI	NTH-OF-PAIMENT RE	LPORT	FOR JAN 2	2002 THRU D	£C 2002	P	•
MOP024	FEE-FOR-SERVICE/D		CIIDD			AID CODE	10			01/17/03
NEVADA COUNTY	SUMMARY OF SERVIC	ES FOR IN HOME	SUPPO	JRT - AGED		AID CODE			CE	
674 BLIGIBLES	HOEDO	NIMO OF CEDUTOR		EADENDIMIDEC	70 7 7 77			NTHLY AVERA		
674 ELIGIBLES		NITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
ACOMMINITAL HOODINAL HORAL	88	OR DAYS OF CARE	\$	22 106 75			PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		521 90	Ş	23,106.75	\$.773		Ş	34.28 23.97
COMM HOSP INPATIENT TOTAL	23	90		16,153.13		179.48	.134	702.31		
HSC HOSPITALS	0	•		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	Ü			.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	23	90		16,153.13		179.48	.134	702.31		23.97
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	68	431		6,953.62		16.13	.639	102.26		10.32
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	U	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		431		6,953.62		16.13	.639	102.26		10.32
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	29	579	\$	78 , 000.37	\$	134.72		\$ 2689.67	\$	115.73
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
TELL D. DECLITAD	2.0	F70		70 000 27		124 72	0.5.0	2600 67		115 77

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

29

0

0

0

2

0

579

0

0

0

0 2 0 \$

78,000.37

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524.68

524.68

134.72

262.34

262.34

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2689.67

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262.34 \$

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262.34

115.73

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.00

.78

.00

.78

.859

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.000

.000

.003

.000 \$

.003 \$

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00		.00	.000	.00	·	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	1	1	\$	6.25	\$	6.25	.001	\$ 6.25	\$.01
PATHOLOGY	0	0		.00	·	.00	.000	.00	·	.00
XO AND OTHERS	1	1		6.25		6.25	.001	6.25		.01
@ORGANIZED OUTPATIENT CLINIC	11	43	\$	3,768.38	\$	87.64	.064	\$ 342.58	\$	5.59
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	1	1		191.78		191.78	.001	191.78		.28
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	10	42		3,576.60		85.16	.062	357.66		5.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDIT	JRES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU D	EC 2002	P.	AGE 8,572
MOP024	FEE-FOR-SERVICE	C/DENTAL								01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR IN HON	Æ SU	UPPORT - AGED		AID CODE	18			
							MC	NTHLY AVER	GE	
674 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	RE		PEF	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	204	4,585	\$	73,743.95	\$	16.08	6.803	\$ 361.49	\$	109.41
DURABLE MED. EQUIP.	3	3		75.73		25.24	.004	25.24		.11
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	6	8		968.62		121.08	.012	161.44		1.44
MEDICAL TRANSPORTATION	6	74		339.56		4.59	.110	56.59		.50
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	2	6		52.95		8.83	.009	26.48		.08
OTHER SERVICES	4	68		286.61		4.21	.101	71.65		.43
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	51	837		55,491.17		66.30	1.242	1088.06		82.33
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	6	12		137.60		11.47	.018	22.93		.20
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	8	16	432.02	27.00	.024	54.00	.64
PROSTHETICS	8	16	432.02	27.00	.024	54.00	.64
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	7.16	3.58	.003	7.16	.01
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	151	3,633	16,292.09	4.48	5.390	107.89	24.17
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	276	1,708	\$ 54,481.22	\$ 31.90	2.534	\$ 197.40	\$ 80.83

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,573 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY	SUMMARY OF SERV	VICES FOR IN HOME	SUPPOI	RT - BLIND	A	ID CODE	28			
							MO	NTHLY AVER	AGE	
88 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERA	GE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER U	NIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	67	2,491	\$	68,958.80		27.68	28.307	\$ 1029.24	\$	783.62
@PHYSICIANS SERVICES	17	139	\$	476.14	\$	3.43	1.580	\$ 28.01	\$	5.41
OUTPATIENT VISITS	0	0		.00		.00	.000	.00		.00
OFFICE VISITS	0	0		.00		.00	.000	.00		.00
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00		.00
INPATIENT VISITS	0	0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00		.00
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	17	139		476.14		3.43	1.580	28.01		5.41
@PHARMACY	64	2,104	\$	52,119.92		24.77	23.909			592.27
PRESCRIPTION DRUGS	63	409		51,327.17	1:	25.49	4.648	814.72		583.26

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	63	409		51,327.17		125.49	4.648		814.72		583.26
MEDICAL SUPPLIES	8	1,695		792.75		.47	19.261		99.09		9.01
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PAC	SE 8,574
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

AID CODE 28

NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND

----- MONTHLY AVERAGE -----88 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 \$.00 .000 \$.00 \$.00 0 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .000 .00 EYE APPLIANCES Ω Ω .00 .00 .000 .00 .00 .00 .000 OTHER OPTOMETRIC SERVICES Ω .00 .00 .00 117.04 \$ 58.52 \$ @CHIROPRACTOR 16.72 .080 \$ 1.33 VISITS 117.04 16.72 .080 58.52 1.33 OTHER SERVICES 0 .00 .00 .000 .00 .00 51.79 \$ 25.90 .023 \$ 25.90 \$.59 @PODIATRIST .00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 .00 .00 .000 .00 SURGERY/ANES. 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 25.90 OTHER 51.79 .023 25.90 .59 .00 \$.00 .000 \$.00 \$.00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$.00 \$ NURSE ANESTHESIST .00 .00 \$.000 \$ NURSE MIDWIFE .00 .00 \$.00 .000 \$ PEDIATRIC NURSE PRACTITIONER .00 \$.00 .00 \$.00 FAMILY NURSE PRACTITIONER 0 0 .00 .00 .000 \$.00 \$.00 @TOTAL HOSPITAL 13 100 2,800.02 \$ 28.00 1.136 \$ 215.39 \$ 31.82 HOSP INPATIENT TOTAL 3 13 1,577.22 121.32 .148 525.74 17.92 HSC HOSPITALS Ω .00 . 00 .000 . 00 . 00 .00 . 00 NON-HSC HOSPITAL TOTAL .00 .000 . 00 0 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 ALL OTHER ACCOM 0 .00 .00 .000 .00 .00 Ω .00 .00 .000 .00 ANCILLARIES .00 13 1,577.22 121.32 .148 525.74 17.92 INPATIENT CROSSOVERS 0 .00 .00 .00 .000 .00 ALL OTHER INPATIENT 87 1,222.80 14.06 .989 HOSP OUTPATIENT TOTAL 11 111.16 13.90 MEDICAL Ω 0 .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	11	87	1,222.80	14.06	.989	111.16	13.90
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	S MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DEC	C 2002	PAGE 8,575
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	SUPPORT - BLIND	AID CODE	28		
					MON'	THLY AVERAG	E

					MO	NTHLY AVERA	GE
88 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	100	\$ 2,800.02	\$ 28.00	1.136	\$ 215.39	\$ 31.82
COMM HOSP INPATIENT TOTAL	3	13	1,577.22	121.32	.148	525.74	17.92
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	13	1,577.22	121.32	.148	525.74	17.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	87	1,222.80	14.06	.989	111.16	13.90
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	87	1,222.80	14.06	.989	111.16	13.90
@STATE HOSPITAL	0	0 9	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 9	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 2	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	20	22	\$	8,927.48	\$	405.79	.250	\$	446.37	\$	101.45
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	20	22		8,927.48		405.79	.250		446.37		101.45
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$	1,184.60	\$	197.43	.068	\$	236.92	\$	13.46
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	6		1,184.60		197.43	.068		236.92		13.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	RES MONTH-	OF-PAYMENT	REPORT	FOR JAN 2002	2 THRU	DEC	2002	PI	AGE 8,576
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- BLIND		AID CODE 28					

---- MONTHLY AVERAGE ----88 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 15 111 3,281.81 29.57 1.261 \$ 218.79 \$ 37.29 DURABLE MED. EQUIP. 58.92 58.92 .011 58.92 1 1 .67 0 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 43 125.01 2.91 .489 41.67 1.42 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 OTHER TRANS 28 81.96 2.93 .318 40.98 .93 15 43.05 43.05 OTHER SERVICES 2.87 .170 .49 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 37 2,461.98 66.54 .420 2461.98 27.98 .00 GENETIC DISEASE TESTING .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST OPTICIAN .00 .00 .00 .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .000 .00 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 30 635.90 21.20 57.81 7.23 ALL OTHER PROVIDERS .341 .000 0 .00 \$.00 .00 .00 @CALIF. CHILDREN SERVICES* \$ \$ 13,286.06 \$ 6.72 22.466 369.06 150.98 @XOVER EXCLUDING STATE HOSP**

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,577 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED	AID CODE 68
		MONTHLY AVERAGE

					MOI	NTHLY AVERA	GE
511 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	496	33,856 \$	569 , 569.72	\$ 16.82	66.254	\$ 1148.33	\$ 1114.62
@PHYSICIANS SERVICES	142	1,099 \$	22,211.93	\$ 20.21	2.151	\$ 156.42	\$ 43.47
OUTPATIENT VISITS	62	109	3,390.46	31.11	.213	54.68	6.63
OFFICE VISITS	57	87	2,467.03	28.36	.170	43.28	4.83
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	17	810.63	47.68	.033	115.80	1.59
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	5	112.80	22.56	.010	28.20	.22
INPATIENT VISITS	13	235	3,298.17	14.03	.460	253.71	6.45
HOSPITAL VISITS	10	231	3,131.07	13.55	.452	313.11	6.13
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	3	4	167.10	41.78	.008	55.70	.33
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	8	243.48	30.44	.016	121.74	.48
PRINCIPAL SURGEON	1	1	70.88	70.88	.002	70.88	.14
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	172.60	24.66	.014	172.60	.34
OUTPATIENT SURGERY	10	48	2,840.62	59.18	.094	284.06	5.56
PRINCIPAL SURGEON	5	13	2,221.79	170.91	.025	444.36	4.35
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	35	618.83	17.68	.068	123.77	1.21
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	14	238.30	17.02	.027	34.04	.47

RADIOLOGY	18	32		1,644.04		51.38	.063		91.34		3.22
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	5		50.00		10.00	.010		12.50		.10
OTHER SERVICES/ALL X-OVERS	80	648		10,506.86		16.21	1.268		131.34		20.56
@PHARMACY	428	19,011	\$	275,179.49	\$	14.47	37.204	\$	642.94	\$	538.51
PRESCRIPTION DRUGS	421	2,234		265,677.86		118.92	4.372		631.06		519.92
SNF/ICF	2	9		432.24		48.03	.018		216.12		.85
OUTPATIENTS	419	2,225		265,245.62		119.21	4.354		633.04		519.07
MEDICAL SUPPLIES	68	16,777		9,501.63		.57	32.832		139.73		18.59
@DENTIST	4 4	152	\$	5,669.00	\$	37.30	.297	\$	128.84	\$	11.09
VISITS - DIAGNOSTIC	30	100		1,631.00		16.31	.196		54.37		3.19
ORAL SURGERY	8	15		718.00		47.87	.029		89.75		1.41
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	2		400.00		200.00	.004		400.00		.78
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	16	31		1,880.00		60.65	.061		117.50		3.68
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	4		1,040.00		260.00	.008		346.67		2.04
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	ES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 8,578

FEE-FOR-SERVICE/DENTAL

MOP024

NEVADA COUNTY

							M	CNO	THLY AVERA	GE	
511 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	2		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	8	19	\$	391.17	\$	20.59	.037	\$	48.90	\$.77
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.004		47.45		.19
EYE APPLIANCES	6	15		234.77		15.65	.029		39.13		.46
OTHER OPTOMETRIC SERVICES	2	2		61.50		30.75	.004		30.75		.12
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	5.21	\$	5.21	.002	\$	5.21	\$.01
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	1		5.21		5.21	.002		5.21		.01
@HOME HEALTH AGENCY	8	59	\$	4,383.73	\$	74.30	.115	\$	547.97	\$	8.58
NURSE ANESTHESIST	2	25	\$	57.19	\$	2.29	.049	\$	28.60	\$.11
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	104	724	\$	55 , 980.20	\$	77.32	1.417	\$	538.27	\$	109.55
HOSP INPATIENT TOTAL	11	54		39 , 387.73		729.40	.106		3580.70		77.08
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	4	25		34 , 379.74		1375.19	.049		8594.94		67.28
ACCOMMODATIONS	4	25		8,734.72		349.39	.049		2183.68		17.09
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	25		8,734.72		349.39	.049		2183.68		17.09
ANCILLARIES	4	0		25,645.02		.00	.000		6411.26		50.19

SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

INPATIENT CROSSOVERS	7	29	5 , 007.99	172.69	.057	715.43	9.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	96	670	16,592.47	24.76	1.311	172.84	32.47
MEDICAL	4	5	128.43	25.69	.010	32.11	.25
SURGERY	1	1	38.20	38.20	.002	38.20	.07
PATHOLOGY	39	197	2,443.28	12.40	.386	62.65	4.78
RADIOLOGY	12	26	6,085.95	234.08	.051	507.16	11.91
ROOM USE	12	17	729.69	42.92	.033	60.81	1.43
	58	424		16.90			14.03
CROSSOVERS/ALL OTH OUTPTNT	0		7,166.92		.830	123.57	
@COUNTY HOSPITAL TOTAL		- '	.00	\$.00	.000 \$		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDITONI CEDITIC	ES AND EXPENDITURES MON	THE OF PASSAGNED DE	DODE TOD TAM '	שת וומטה כסטנ	C 2002	DXCE 0 570
	MEDI CAL SERVIC	ES MUD EVLENDIIOVES MOI	NTH-OF-PAIMENT RE	TONT FOR OAN .	ZUUZ INKU DE	C 2002	•
MOP024	FEE-FOR-SERVICE		NTH-OF-PAIMENT RE	FOR FOR OAN .	2002 IRRO DE	C 2002	01/17/03
	FEE-FOR-SERVICE			AID CODE		C 2002	•
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE	/DENTAL			68 MON	THLY AVERA	01/17/03
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR IN HOME SUPPO	ORT - DISABLED	AID CODE	68 MON UNITS/DAYS	THLY AVERA	01/17/03 GE
MOP024 NEVADA COUNTY 511 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE	ORT - DISABLED EXPENDITURES	AID CODE AVERAGE COST PER UNIT/DAY	68 MON UNITS/DAYS PER ELIG	THLY AVERA COST PER USER	01/17/03 GE COST PER ELIGIBLE
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$	DRT - DISABLED EXPENDITURES 55,980.20	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32	68 MON UNITS/DAYS PER ELIG 1.417 \$	THLY AVERA COST PER USER 538.27	01/17/03 GE COST PER ELIGIBLE \$ 109.55
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54	DRT - DISABLED EXPENDITURES 55,980.20 39,387.73	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40	68 MON UNITS/DAYS PER ELIG 1.417 \$.106	THLY AVERA COST PER USER 538.27 3580.70	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0	DRT - DISABLED EXPENDITURES 55,980.20 39,387.73 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000	THLY AVERA COST PER USER 538.27 3580.70	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25	EXPENDITURES 55,980.20 39,387.73 .00 34,379.74	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25	EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 0	EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 0 0	EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00 .00	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049 .000	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00 .00
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 0 0 25	EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00 .00 8,734.72	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00 .00 349.39	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049 .000 .000 .049	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00 .00 2183.68	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00 .00 17.09
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 0 0 25 0	EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00 .00 8,734.72 25,645.02	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00 .00 349.39 .00	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049 .000 .049	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00 .00 2183.68 6411.26	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00 .17.09 50.19
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11 0 4 4 0 0 0 4 4 7	/DENTAL ICES FOR IN HOME SUPPORT UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 0 0 25 0 29	EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00 .00 8,734.72 25,645.02 5,007.99	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00 .00 349.39 .00 172.69	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049 .000 .000 .049 .000	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00 .00 2183.68 6411.26 715.43	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00 .17.09 50.19 9.80
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11 0 4 4 0 0 0 4 4 7 0	/DENTAL ICES FOR IN HOME SUPPORT UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 0 0 25 0 29 0	EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00 .00 8,734.72 25,645.02 5,007.99 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00 .00 349.39 .00 172.69 .00	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049 .000 .049 .000 .049 .000	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00 .00 2183.68 6411.26 715.43 .00	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00 .17.09 50.19 9.80 .00
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11 0 4 4 0 0 0 4 4 7	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 0 0 25 0 29 0 670	EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00 .00 8,734.72 25,645.02 5,007.99	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00 .00 349.39 .00 172.69	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049 .000 .000 .049 .000 .057 .000 1.311	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00 .00 2183.68 6411.26 715.43 .00 172.84	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00 .17.09 50.19 9.80
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11 0 4 4 0 0 0 4 4 7 0	/DENTAL ICES FOR IN HOME SUPPORT UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 0 0 25 0 29 0	EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00 .00 8,734.72 25,645.02 5,007.99 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00 .00 349.39 .00 172.69 .00	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049 .000 .000 .049 .000 .057 .000 1.311	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00 .00 2183.68 6411.26 715.43 .00	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00 .17.09 50.19 9.80 .00
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11 0 4 4 0 0 0 4 4 7 0 96	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 0 0 25 0 29 0 670	EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00 .00 .8,734.72 .25,645.02 5,007.99 .00 16,592.47	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00 .00 349.39 .00 172.69 .00 24.76	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049 .000 .000 .049 .000 .057 .000 1.311	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00 .00 2183.68 6411.26 715.43 .00 172.84	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00 17.09 50.19 9.80 .00 32.47
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11 0 4 4 0 0 0 4 4 7 0 96 4	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 0 0 25 0 29 0 670 5	DRT - DISABLED EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00 .00 8,734.72 25,645.02 5,007.99 .00 16,592.47 128.43	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00 .00 349.39 .00 172.69 .00 24.76 25.69	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049 .000 .049 .000 .049 .000 .1311 .010	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00 .00 2183.68 6411.26 715.43 .00 172.84 32.11	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00 .00 17.09 50.19 9.80 .00 32.47 .25
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11 0 4 4 0 0 4 4 7 0 96 4 1	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 0 0 25 0 29 0 670 5 1	DRT - DISABLED EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00 .00 8,734.72 25,645.02 5,007.99 .00 16,592.47 128.43 38.20	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00 .00 349.39 .00 172.69 .00 24.76 25.69 38.20	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049 .000 .000 .049 .000 .1057 .000 1.311 .010 .002	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00 .00 2183.68 6411.26 715.43 .00 172.84 32.11 38.20	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00 .00 17.09 50.19 9.80 .00 32.47 .25 .07
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11 0 4 4 0 0 0 4 4 7 0 96 4 1 39 12	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 25 0 0 27 0 29 0 670 5 1 197 26	DRT - DISABLED EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00 .00 8,734.72 25,645.02 5,007.99 .00 16,592.47 128.43 38.20 2,443.28 6,085.95	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00 .00 349.39 .00 172.69 .00 24.76 25.69 38.20 12.40 234.08	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049 .000 .000 .049 .000 .1057 .000 1.311 .010 .002 .386 .051	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00 .00 2183.68 6411.26 715.43 .00 172.84 32.11 38.20 62.65 507.16	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00 .00 17.09 50.19 9.80 .00 32.47 .25 .07 4.78 11.91
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11 0 4 4 0 0 0 4 4 1 7 0 96 4 1 39 12 12	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 0 0 25 0 29 0 670 5 1 197 26 17	DRT - DISABLED EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00 .00 8,734.72 25,645.02 5,007.99 .00 16,592.47 128.43 38.20 2,443.28 6,085.95 729.69	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00 .00 349.39 .00 172.69 .00 24.76 25.69 38.20 12.40 234.08 42.92	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049 .000 .000 .049 .000 .1057 .000 1.311 .010 .002 .386 .051 .033	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00 .00 2183.68 6411.26 715.43 .00 172.84 32.11 38.20 62.65 507.16 60.81	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00 .00 17.09 50.19 9.80 .00 32.47 .25 .07 4.78 11.91 1.43
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11 0 4 4 0 0 0 4 4 1 7 0 96 4 1 39 12 12 58	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 0 0 25 0 29 0 670 5 1 197 26 17 424	EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00 .00 8,734.72 25,645.02 5,007.99 .00 16,592.47 128.43 38.20 2,443.28 6,085.95 729.69 7,166.92	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00 .00 349.39 .00 172.69 .00 24.76 25.69 38.20 12.40 234.08 42.92 16.90	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049 .000 .000 .049 .000 .1010 .057 .000 1.311 .010 .002 .386 .051 .033 .830	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00 .00 2183.68 6411.26 715.43 .00 172.84 32.11 38.20 62.65 507.16 60.81 123.57	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00 .00 17.09 50.19 9.80 .00 32.47 .25 .07 4.78 11.91 1.43 14.03
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11 0 4 4 0 0 0 4 4 7 0 96 4 1 39 12 12 58 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 0 0 25 0 670 5 1 197 26 17 424 0 \$	EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00 .00 8,734.72 25,645.02 5,007.99 .00 16,592.47 128.43 38.20 2,443.28 6,085.95 729.69 7,166.92 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00 .00 349.39 .00 172.69 .00 24.76 25.69 38.20 12.40 234.08 42.92 16.90 \$.00	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049 .000 .000 .049 .000 .1311 .010 .002 .386 .051 .033 .830 .000 \$	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00 .00 2183.68 6411.26 715.43 .00 172.84 32.11 38.20 62.65 507.16 60.81 123.57	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00 .00 17.09 50.19 9.80 .00 32.47 .25 .07 4.78 11.91 1.43 14.03 \$.00
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11 0 4 4 0 0 0 4 4 7 0 96 4 1 39 12 12 58 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 0 0 25 0 0 29 0 670 5 1 197 26 17 424 0 \$ 0	EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00 .00 8,734.72 25,645.02 5,007.99 .00 16,592.47 128.43 38.20 2,443.28 6,085.95 729.69 7,166.92 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00 .00 349.39 .00 172.69 .00 24.76 25.69 38.20 12.40 234.08 42.92 16.90 \$.00	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049 .000 .000 .049 .000 .057 .000 1.311 .010 .002 .386 .051 .033 .830 .000 \$	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00 .00 2183.68 6411.26 715.43 .00 172.84 32.11 38.20 62.65 507.16 60.81 123.57 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00 .00 17.09 50.19 9.80 .00 32.47 .25 .07 4.78 11.91 1.43 14.03 \$.00 .00
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11 0 4 4 0 0 0 4 4 7 0 96 4 1 39 12 12 58 0 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 25 0 0 0 29 0 670 5 1 197 26 17 424 0 \$ 0 0 \$ 0 0	EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00 .00 8,734.72 25,645.02 5,007.99 .00 16,592.47 128.43 38.20 2,443.28 6,085.95 729.69 7,166.92 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00 .00 349.39 .00 172.69 .00 24.76 25.69 38.20 12.40 234.08 42.92 16.90 \$.00 .00	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049 .000 .049 .000 .057 .000 1.311 .010 .002 .386 .051 .033 .830 .000 .000	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00 .00 2183.68 6411.26 715.43 .00 172.84 32.11 38.20 62.65 507.16 60.81 123.57 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00 .00 17.09 50.19 9.80 .00 32.47 .25 .07 4.78 11.91 1.43 14.03 \$.00 .00 .00
MOP024 NEVADA COUNTY 511 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 104 11 0 4 4 0 0 0 4 4 7 0 96 4 1 39 12 12 58 0 0	/DENTAL ICES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE 724 \$ 54 0 25 25 0 0 25 0 0 29 0 670 5 1 197 26 17 424 0 \$ 0	EXPENDITURES 55,980.20 39,387.73 .00 34,379.74 8,734.72 .00 .00 8,734.72 25,645.02 5,007.99 .00 16,592.47 128.43 38.20 2,443.28 6,085.95 729.69 7,166.92 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 77.32 729.40 .00 1375.19 349.39 .00 .00 349.39 .00 172.69 .00 24.76 25.69 38.20 12.40 234.08 42.92 16.90 \$.00	68 MON UNITS/DAYS PER ELIG 1.417 \$.106 .000 .049 .049 .000 .000 .049 .000 .057 .000 1.311 .010 .002 .386 .051 .033 .830 .000 \$	THLY AVERA COST PER USER 538.27 3580.70 .00 8594.94 2183.68 .00 .00 2183.68 6411.26 715.43 .00 172.84 32.11 38.20 62.65 507.16 60.81 123.57 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 109.55 77.08 .00 67.28 17.09 .00 .00 17.09 50.19 9.80 .00 32.47 .25 .07 4.78 11.91 1.43 14.03 \$.00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	13	249		62,417.92		250.67	.487		4801.38		122.15
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	21	92	\$	12,043.98	\$	130.91	.180	\$	573.52	\$	23.57
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	21	92		12,043.98		130.91	.180		573.52		23.57
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	23	\$	341.44	\$	14.85	.045	\$	48.78	\$.67
PATHOLOGY	7	23		341.44		14.85	.045		48.78		.67
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	30	55	\$	6,931.52	\$	126.03	.108	\$	231.05	\$	13.56
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	30	55		6,931.52		126.03	.108		231.05		13.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-	OF-PAYMENT	REPORT	FOR JAN 2002	2 THRU	DEC	2002	P7	AGE 8,580
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT -	- DISABLED		AID CODE 68					

----- MONTHLY AVERAGE -----511 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE 123,956.94 \$ 10.04 24.162 \$ 804.92 \$ 242.58 154 12,347 \$ @ALL OTHER PROVIDERS

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 4,702.01 204.44 .045 391.83 9.20 .00 .00 .000 .00 12 23 DURABLE MED. EQUIP. 0 BLOOD BANK 0 0 .00 HEARING AID DISPENSERS 177 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS 7 .27 61 .21 OTHER TRANS 109 OTHER SERVICES ACUPUNCTURE 0 .00 19 272 ADULT DAY HEALTH CARE CTR 0 GENETIC DISEASE TESTING 0 .00 1,343 IHMC, MODEL-NF, NF, AIDS, MSSP 32 95.19 OCCUPATIONAL THERAPIST 0 0 OPTICIAN 11 25 PHYSICAL THERAPIST .00 PORTABLE X-RAY .43 PROSTHETIST/ORTHOTISTS PROSTHETICS .43 ORTHOTICS .00 PSYCHOLOGIST 0 .00 SPEECH AND AUDIOLOGY 1 .13 HOSPICE SERVICES 236 NONINST BIRTHING CENTERS 0 .00 5,151.95 6.38 1.579 468.36 11 807 10.08 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .000 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 0 .00 RESPIRATORY CARE PRACT. .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00

ALL OTHER PROVIDERS	78	9,454	19,308.39	2.04	18.501	247.54	37.79
@CALIF. CHILDREN SERVICES*	0	13CR \$	6,699.82CR \$	515.37	.025CR\$.00 \$	13.11CR
@XOVER EXCLUDING STATE HOSP**	174	8,555 \$	45,654.75 \$	5.34	16.742 \$	262.38 \$	89.34

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,581
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT
----- MONTHLY AVERAGE ------

----- MONTHLY AVERAGE -----1,273 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

DENTURES, STAYPLATES	7		13		1,515.00		116.54	.010		216.43		1.19
•	,		10		•							
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPE	NDITUR	ES MONTH	-OF-PAYMENT R	REPORT	FOR JAN 2	2002 THRU	DEC 2	002	PAGE	8,582
MOP024	FEE-FOR-SERVICE	C/DENTAL									0	1/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR I	N HOME	SUPPORT								
								M	IONTHL	Y AVERA	GE	
1,273 ELIGIBLES	USERS	UNITS OF S	SERVICE		EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	S CO	ST PER	COS'	I PER
		OR DAYS C	F CARE			PER	UNIT/DAY	PER ELIG	;	USER	ELI	GIBLE
@OPTOMETRIST	12		29	\$	529.05	\$	18.24	.023	\$	44.09	\$.42
DIAGNOSTIC AND ANC. PROCED	2		2		94.90		47.45	.002		47.45		.07
EYE APPLIANCES	9		22		362.30		16.47	.017		40.26		.28
OTHER OPTOMETRIC SERVICES	5		5		71.85		14.37	.004		14.37		.06
@CHIROPRACTOR	2		7	\$	117.04	\$	16.72	.005	\$	58.52	\$.09

0

25

0

0

0

25

59

25

0

2

157

0

1,345

0

0

0

0

19

8

2

0

Ω

2

205

37

0

19

VISITS

OTHER

@PODIATRIST

OTHER SERVICES

SURGERY/ANES.

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

FAMILY NURSE PRACTITIONER

HOSP INPATIENT TOTAL

NURSE MIDWIFE

@TOTAL HOSPITAL

HSC HOSPITALS

MEDICINE/INJECTIONS

117.04

.00

269.42 \$

.00

.00

57.19 \$

.00 \$

23.33 \$

.00

.00

\$

\$

.00

269.42

4,383.73

81,886.97

57,118.08

16.72

10.78

.00

.00

.00

.00

10.78

74.30

2.29

.00

.00

11.67

60.88

363.81

.00

.005

.000

.000

.000

.000

.020

.020 \$

.046 \$

.020 \$

.000 \$

.000 \$

.002 \$

.123

.000

58.52

.00

.00

.00

14.18

.00

547.97 \$

28.60 \$

.00 \$

.00 \$

11.67 \$

.00

1543.73

1.057 \$ 399.45 \$

14.18 \$

.09

.00

.21

.00

.00

.00

.21

.04

.00

.00

.02

.00

64.33

44.87

3.44

NON-HSC HOSPITAL TOTAL	4	25		34,379.74	1375.19	.020	8594.94	27.01
ACCOMMODATIONS	4	25		8,734.72	349.39	.020	2183.68	6.86
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	25		8,734.72	349.39	.020	2183.68	6.86
ANCILLARIES	4	0		25,645.02	.00	.000	6411.26	20.15
INPATIENT CROSSOVERS	33	132		22,738.34	172.26	.104	689.04	17.86
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	175	1,188		24,768.89	20.85	.933	141.54	19.46
MEDICAL	4	5		128.43	25.69	.004	32.11	.10
SURGERY	1	1		38.20	38.20	.001	38.20	.03
PATHOLOGY	39	197		2,443.28	12.40	.155	62.65	1.92
RADIOLOGY	12	26		6,085.95	234.08	.020	507.16	4.78
ROOM USE	12	17		729.69	42.92	.013	60.81	.57
CROSSOVERS/ALL OTH OUTPINT	137	942		15,343.34	16.29	.740	112.00	12.05
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-	OF-PAYMENT REI	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 8,583
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT					
						M	ONTHLY AVERA	GE

AVERAGE COST UNITS/DAYS COST PER 1,273 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 205 1,345 81,886.97 60.88 1.057 \$ 399.45 \$ 64.33 37 COMM HOSP INPATIENT TOTAL 157 57,118.08 363.81 .123 1543.73 44.87 HSC HOSPITALS 0 0 .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL 25 34,379.74 1375.19 .020 8594.94 27.01 ACCOMMODATIONS 2.5 8,734.72 349.39 .020 2183.68 6.86 0 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 0 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 ALL OTHER ACCOM 25 8,734.72 349.39 .020 2183.68 6.86 0 6411.26 ANCILLARIES 25,645.02 .00 .000 20.15 INPATIENT CROSSOVERS 132 22,738.34 172.26 .104 689.04 17.86 0 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL 175 1,188 24,768.89 20.85 .933 141.54 19.46 25.69 32.11 MEDICAL 4 5 128.43 .004 .10 1 1 38.20 38.20 SURGERY 38.20 .001 .03 39 197 PATHOLOGY 2,443.28 12.40 .155 62.65 1.92 12 RADIOLOGY 26 6,085.95 234.08 .020 507.16 4.78

729.69

42.92

.013

60.81

.57

17

12

ROOM USE

CROSSOVERS/ALL OTH OUTPTNT		942		15,343.34		16.29	.740		112.00		12.05
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	42	828	\$	140,418.29	\$	169.59	.650	\$	3343.29	\$	110.31
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	42	828		140,418.29		169.59	.650		3343.29		110.31
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	43	116	\$	21,496.14	\$	185.31	.091	\$	499.91	\$	16.89
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	43	116		21,496.14		185.31	.091		499.91		16.89
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000	•	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	8	24	\$	347.69	\$	14.49	.019	Ś	43.46	Ś	.27
PATHOLOGY	7	23	·	341.44	·	14.85	.018	•	48.78		.27
XO AND OTHERS	1	1		6.25		6.25	.001		6.25		.00
@ORGANIZED OUTPATIENT CLINIC	46	104	\$	11,884.50	\$	114.27	.082	Ś	258.36	Ś	9.34
CLINIC	0	0	т	.00	Τ	.00	.000	Τ.	.00	т	.00
SURGICENTER	1	1		191.78		191.78	.001		191.78		.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	45	103		11,692.72		113.52	.081		259.84		9.19
#CALIF DEPT OF HEALTH SERV											
		FC AND FYPFNDTTH	DEC V	MONTH-OF-PAVMENT RI	$F D \cap D G$	ואבד. ארא יו	2002 THRII	DEC	2002	P	
			RES N	MONTH-OF-PAYMENT RI	EPORT	r for Jan	2002 THRU	DEC	2002	P.	AGE 8,584
MOP024	FEE-FOR-SERVICE	Z/DENTAL			EPORT	r for Jan	2002 THRU	DEC	2002	P.	01/17/03
	FEE-FOR-SERVICE				EPORT	r for Jan					01/17/03
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	COMMENTAL COMMEN	E SUI	PPORT			M	IONT	HLY AVERA	GE ·	01/17/03
MOP024	FEE-FOR-SERVICE	COMMENTAL CICES FOR IN HOM UNITS OF SERVIC	E SUE		AVI	ERAGE COST	M UNITS/DAY	IONT	HLY AVERA	GE	01/17/03 COST PER
MOP024 NEVADA COUNTY 1,273 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	JOENTAL JICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR	E SUF E E	PPORT	AVI PEI	ERAGE COST R UNIT/DAY	M UNITS/DAY PER ELIG	IONT S	HLY AVERA COST PER USER	GE	01/17/03 COST PER ELIGIBLE
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 373	JOENTAL JICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 17,043	E SUE	PPORT EXPENDITURES 200,982.70	AVI	ERAGE COST R UNIT/DAY 11.79	UNITS/DAY PER ELIG	IONT S	HLY AVERA COST PER USER 538.83	GE	01/17/03 COST PER ELIGIBLE 157.88
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 373 16	JOENTAL JICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 17,043 27	E SUF E E	EXPENDITURES 200,982.70 4,836.66	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14	M UNITS/DAY PER ELIG 13.388 .021	IONT S	HLY AVERA COST PER USER 538.83 302.29	GE	01/17/03 COST PER ELIGIBLE 157.88 3.80
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	FEE-FOR-SERVICE SUMMARY OF SERV USERS 373 16 0	JOENTAL JICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 17,043 27 0	E SUF E E	EXPENDITURES 200,982.70 4,836.66 .00	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00	M UNITS/DAY PER ELIG 13.388 .021 .000	IONT S	HLY AVERA COST PER USER 538.83 302.29 .00	GE	01/17/03 COST PER ELIGIBLE 157.88 3.80 .00
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 373 16 0 6	JOENTAL JICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 17,043 27 0 8	E SUF E E	EXPENDITURES 200,982.70 4,836.66 .00 968.62	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08	M UNITS/DAY PER ELIG 13.388 .021 .000 .006	IONT S	HLY AVERA COST PER USER 538.83 302.29 .00 161.44	GE	01/17/03 COST PER ELIGIBLE 157.88 3.80 .00 .76
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	FEE-FOR-SERVICE SUMMARY OF SERV USERS 373 16 0 6 13	JOENTAL JICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 17,043 27 0 8 294	E SUF E E	EXPENDITURES 200,982.70 4,836.66 .00 968.62 834.32	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08 2.84	M UNITS/DAY PER ELIG 13.388 .021 .000 .006 .231	IONT S	HLY AVERA COST PER USER 538.83 302.29 .00 161.44 64.18	GE	01/17/03 COST PER ELIGIBLE 157.88 3.80 .00 .76 .66
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 373 16 0 6 13	JOENTAL JICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 17,043 27 0 8 294 7	E SUF E E	EXPENDITURES 200,982.70 4,836.66 .00 968.62 834.32 139.50	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08 2.84 19.93	M UNITS/DAY PER ELIG 13.388 .021 .000 .006 .231	IONT S	HLY AVERA COST PER USER 538.83 302.29 .00 161.44 64.18 139.50	GE	01/17/03
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 373 16 0 6 13 1	JOENTAL JICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 17,043 27 0 8 294 7 95	E SUF E E	EXPENDITURES 200,982.70 4,836.66 .00 968.62 834.32 139.50 243.42	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08 2.84 19.93 2.56	M UNITS/DAY PER ELIG 13.388 .021 .000 .006 .231 .005	IONT S	HLY AVERA COST PER USER 538.83 302.29 .00 161.44 64.18 139.50 48.68	GE	01/17/03 COST PER ELIGIBLE 157.88 3.80 .00 .76 .66 .11
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 373 16 0 6 13 1 5 7	JOENTAL JICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 17,043 27 0 8 294 7 95 192	E SUF E E	EXPENDITURES 200,982.70 4,836.66 .00 968.62 834.32 139.50 243.42 451.40	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08 2.84 19.93 2.56 2.35	MUNITS/DAY PER ELIG 13.388 .021 .000 .006 .231 .005 .075 .151	IONT S	HLY AVERA COST PER USER 538.83 302.29 .00 161.44 64.18 139.50 48.68 64.49	GE	01/17/03
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 373 16 0 6 13 1 5 7	JOENTAL JICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 17,043 27 0 8 294 7 95 192 0	E SUF E E	EXPENDITURES 200,982.70 4,836.66 .00 968.62 834.32 139.50 243.42 451.40 .00	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08 2.84 19.93 2.56 2.35 .00	MUNITS/DAY PER ELIG 13.388 .021 .000 .006 .231 .005 .075 .151	IONT S	HLY AVERA COST PER USER 538.83 302.29 .00 161.44 64.18 139.50 48.68 64.49 .00	GE	01/17/03 COST PER ELIGIBLE 157.88 3.80 .00 .76 .66 .11 .19 .35 .00
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	FEE-FOR-SERVICE SUMMARY OF SERV USERS 373 16 0 6 13 1 5 7 0	JOENTAL JICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 17,043 27 0 8 294 7 95 192 0 1,146	E SUF E E	EXPENDITURES 200,982.70 4,836.66 .00 968.62 834.32 139.50 243.42 451.40 .00 75,613.83	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08 2.84 19.93 2.56 2.35 .00 65.98	MUNITS/DAY PER ELIG 13.388 .021 .000 .006 .231 .005 .075 .151 .000 .900	IONT S ; \$	HLY AVERA COST PER USER 538.83 302.29 .00 161.44 64.18 139.50 48.68 64.49 .00 1064.98	GE	01/17/03
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	FEE-FOR-SERVICE SUMMARY OF SERV USERS 373 16 0 6 13 1 5 7 0 7	JOENTAL JICES FOR IN HOM UNITS OF SERVIC OR DAYS OF CAR 17,043 27 0 8 294 7 95 192 0 1,146	E SUF E E	PPORT EXPENDITURES 200,982.70 4,836.66 .00 968.62 834.32 139.50 243.42 451.40 .00 75,613.83	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08 2.84 19.93 2.56 2.35 .00 65.98	UNITS/DAY PER ELIC 13.388 .021 .000 .006 .231 .005 .075 .151 .000 .900 .000	IONT S ; \$	HLY AVERA COST PER USER 538.83 302.29 .00 161.44 64.18 139.50 48.68 64.49 .00 1064.98	GE	01/17/03 COST PER ELIGIBLE 157.88 3.80 .00 .76 .66 .11 .19 .35 .00 59.40 .00
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	### SUMMARY OF SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE S	UNITS OF SERVIC OR DAYS OF CAR 17,043 27 0 8 294 7 95 192 0 1,146 0	E SUF E E	PPORT EXPENDITURES 200,982.70 4,836.66 .00 968.62 834.32 139.50 243.42 451.40 .00 75,613.83 .00 48,640.38	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08 2.84 19.93 2.56 2.35 .00 65.98 .00 36.22	MUNITS/DAY PER ELIG 13.388 .021 .000 .006 .231 .005 .075 .151 .000 .900 .000 1.055	IONT S ; \$	HLY AVERA COST PER USER 538.83 302.29 .00 161.44 64.18 139.50 48.68 64.49 .00 1064.98 .00	GE	01/17/03 COST PER ELIGIBLE 157.88 3.80 .00 .76 .66 .11 .19 .35 .00 59.40 .00 38.21
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	### TEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE S	UNITS OF SERVIC OR DAYS OF CAR 17,043 27 0 8 294 7 95 192 0 1,146 0 1,343	E SUF E E	PPORT EXPENDITURES 200,982.70 4,836.66 .00 968.62 834.32 139.50 243.42 451.40 .00 75,613.83 .00 48,640.38	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08 2.84 19.93 2.56 2.35 .00 65.98 .00 36.22 .00	MUNITS/DAY PER ELIG 13.388 .021 .000 .006 .231 .005 .075 .151 .000 .900 .000 1.055	IONT S ; \$	HLY AVERA COST PER USER 538.83 302.29 .00 161.44 64.18 139.50 48.68 64.49 .00 1064.98 .00 1520.01	GE	01/17/03 COST PER ELIGIBLE 157.88 3.80 .00 .76 .66 .11 .19 .35 .00 59.40 .00 38.21 .00
MOP024 NEVADA COUNTY 1,273 ELIGIBLES GALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	FEE-FOR-SERVICE SUMMARY OF SERV USERS 373 16 0 6 13 1 5 7 0 71 0 32 0 17	### CONTACT CO	E SUF E E	PPORT EXPENDITURES 200,982.70 4,836.66 .00 968.62 834.32 139.50 243.42 451.40 .00 75,613.83 .00 48,640.38 .00 418.00	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08 2.84 19.93 2.56 2.35 .00 65.98 .00 36.22 .00 11.30	MUNITS/DAY PER ELIG 13.388 .021 .000 .006 .231 .005 .075 .151 .000 .900 .000 1.055 .000 .029	IONT S ; \$	HLY AVERA COST PER USER 538.83 302.29 .00 161.44 64.18 139.50 48.68 64.49 .00 1064.98 .00 1520.01 .00 24.59	GE	01/17/03 COST PER ELIGIBLE 157.88 3.80 .00 .76 .66 .11 .19 .35 .00 59.40 .00 38.21 .00 .33
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	### TEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE S	UNITS OF SERVIC OR DAYS OF CAR 17,043 27 0 8 294 7 95 192 0 1,146 0 1,343 0 37	E SUF E E	EXPENDITURES 200,982.70 4,836.66 .00 968.62 834.32 139.50 243.42 451.40 .00 75,613.83 .00 48,640.38 .00 418.00 .00	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08 2.84 19.93 2.56 2.35 .00 65.98 .00 36.22 .00 11.30	MUNITS/DAY PER ELIG 13.388 .021 .000 .006 .231 .005 .075 .151 .000 .900 .000 1.055 .000 .029 .000	IONT S ; \$	HLY AVERA COST PER USER 538.83 302.29 .00 161.44 64.18 139.50 48.68 64.49 .00 1064.98 .00 1520.01 .00 24.59 .00	GE	01/17/03 COST PER ELIGIBLE 157.88 3.80 .00 .76 .66 .11 .19 .35 .00 59.40 .00 38.21 .00 .33 .00
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	### TEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE S	### CONTRACT CONTRAC	E SUF E E	EXPENDITURES 200,982.70 4,836.66 .00 968.62 834.32 139.50 243.42 451.40 .00 75,613.83 .00 48,640.38 .00 418.00 .00 .00	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08 2.84 19.93 2.56 2.35 .00 65.98 .00 36.22 .00 11.30 .00	MUNITS/DAY PER ELIG 13.388 .021 .000 .006 .231 .005 .075 .151 .000 .900 .000 1.055 .000 .029 .000 .000	IONT S ; \$	HLY AVERA COST PER USER 538.83 302.29 .00 161.44 64.18 139.50 48.68 64.49 .00 1064.98 .00 1520.01 .00 24.59 .00 .00	GE	01/17/03 COST PER ELIGIBLE 157.88 3.80 .00 .76 .66 .11 .19 .35 .00 59.40 .00 38.21 .00 .33 .00 .00
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	### TEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	### CONTRACT CONTRAC	E SUF E E	EXPENDITURES 200,982.70 4,836.66 .00 968.62 834.32 139.50 243.42 451.40 .00 75,613.83 .00 48,640.38 .00 418.00 .00 .00 .00 .00 .651.90	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08 2.84 19.93 2.56 2.35 .00 65.98 .00 36.22 .00 11.30 .00 .00 .00 .00 .00	MUNITS/DAY PER ELIG 13.388 .021 .000 .006 .231 .005 .075 .151 .000 .900 .000 1.055 .000 .029 .000 .000 .000	IONT S ; \$	HLY AVERA COST PER USER 538.83 302.29 .00 161.44 64.18 139.50 48.68 64.49 .00 1064.98 .00 1520.01 .00 24.59 .00 .00 54.33	GE	01/17/03 COST PER ELIGIBLE 157.88 3.80 .00 .76 .66 .11 .19 .35 .00 59.40 .00 38.21 .00 .33 .00 .00 .51
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	### TEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	### CONTRACT CONTRAC	E SUF E E	EXPENDITURES 200,982.70 4,836.66 .00 968.62 834.32 139.50 243.42 451.40 .00 75,613.83 .00 48,640.38 .00 418.00 .00 .00 .00 .651.90 .651.90	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08 2.84 19.93 2.56 2.35 .00 65.98 .00 36.22 .00 11.30 .00 .00 .00 26.08 26.08	MUNITS/DAY PER ELIG 13.388 .021 .000 .006 .231 .005 .075 .151 .000 .900 .000 1.055 .000 .029 .000 .000 .020 .020	IONT S ; \$	HLY AVERA COST PER USER 538.83 302.29 .00 161.44 64.18 139.50 48.68 64.49 .00 1064.98 .00 1520.01 .00 24.59 .00 .00 54.33 54.33	GE	01/17/03 COST PER ELIGIBLE 157.88 3.80 .00 .76 .66 .11 .19 .35 .00 59.40 .00 38.21 .00 .33 .00 .00 .51 .51
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	### TEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	### CONTRACT CONTRAC	E SUF E E	EXPENDITURES 200,982.70 4,836.66 .00 968.62 834.32 139.50 243.42 451.40 .00 75,613.83 .00 48,640.38 .00 418.00 .00 .00 .00 .651.90 .651.90 .00	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08 2.84 19.93 2.56 2.35 .00 65.98 .00 36.22 .00 11.30 .00 .00 .00 26.08 26.08	MUNITS/DAY PER ELIG 13.388 .021 .000 .006 .231 .005 .075 .151 .000 .900 .000 1.055 .000 .029 .000 .029 .000 .020 .020 .000	IONT S ; \$	HLY AVERA COST PER USER 538.83 302.29 .00 161.44 64.18 139.50 48.68 64.49 .00 1064.98 .00 1520.01 .00 24.59 .00 54.33 54.33	GE	01/17/03 COST PER ELIGIBLE 157.88 3.80 .00 .76 .66 .11 .19 .35 .00 59.40 .00 38.21 .00 .33 .00 .00 .51 .51 .00
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	### TEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	### CONTRACT CONTRAC	E SUF E E	EXPENDITURES 200,982.70 4,836.66 .00 968.62 834.32 139.50 243.42 451.40 .00 75,613.83 .00 48,640.38 .00 418.00 .00 651.90 651.90 .00 7.16	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08 2.84 19.93 2.56 2.35 .00 65.98 .00 36.22 .00 11.30 .00 .00 26.08 26.08 .00 3.58	MUNITS/DAY PER ELIG 13.388 .021 .000 .006 .231 .005 .075 .151 .000 .900 .000 1.055 .000 .029 .000 .029 .000 .020 .020 .020	IONT S ; \$	HLY AVERA COST PER USER 538.83 302.29 .00 161.44 64.18 139.50 48.68 64.49 .00 1064.98 .00 1520.01 .00 24.59 .00 54.33 54.33 .00 7.16	GE	01/17/03 COST PER ELIGIBLE 157.88 3.80 .00 .76 .66 .11 .19 .35 .00 59.40 .00 38.21 .00 .33 .00 .00 .51 .51 .00 .01
MOP024 NEVADA COUNTY 1,273 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	### TEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF S	### CONTRACT CONTRAC	E SUF E E	EXPENDITURES 200,982.70 4,836.66 .00 968.62 834.32 139.50 243.42 451.40 .00 75,613.83 .00 48,640.38 .00 418.00 .00 .00 .00 .651.90 .651.90 .00	AVI PEI	ERAGE COST R UNIT/DAY 11.79 179.14 .00 121.08 2.84 19.93 2.56 2.35 .00 65.98 .00 36.22 .00 11.30 .00 .00 .00 26.08 26.08	MUNITS/DAY PER ELIG 13.388 .021 .000 .006 .231 .005 .075 .151 .000 .900 .000 1.055 .000 .029 .000 .029 .000 .020 .020 .000	IONT S ; \$	HLY AVERA COST PER USER 538.83 302.29 .00 161.44 64.18 139.50 48.68 64.49 .00 1064.98 .00 1520.01 .00 24.59 .00 54.33 54.33	GE	01/17/03 COST PER ELIGIBLE 157.88 3.80 .00 .76 .66 .11 .19 .35 .00 59.40 .00 38.21 .00 .33 .00 .00 .51 .51 .00

HOSPICE SERVICES	9	236	27,557.45	116.77	.185	3061.94	21.65
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	807	5,151.95	6.38	.634	468.36	4.05
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	240	13,117	36,236.38	2.76	10.304	150.98	28.47
@CALIF. CHILDREN SERVICES*	0	13CR \$	6,699.82CR \$	515.37	.010CR\$.00 \$	5.26CR
@XOVER EXCLUDING STATE HOSP**	486	12,240 \$	113,422.03 \$	9.27	9.615 \$	233.38 \$	89.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,585 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

NEVADA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - AGED						
					 	MC				
4,205 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		UNITS/DAYS	3			COST PER
		OR DAYS OF CARE			- ,	PER ELIG	_	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,244	38,725	\$	1,491,998.18	\$ 38.53	9.209		459.93		354.82
@PHYSICIANS SERVICES	559	2,514	\$	29,650.39	\$ 11.79	.598	Ş	53.04	Ş	7.05
OUTPATIENT VISITS	5	6		167.80	27.97	.001		33.56		.04
OFFICE VISITS	5	6		167.80	27.97	.001		33.56		.04
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000		.00		.00
INPATIENT VISITS	0	0		.00	.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000		.00		.00
CRITICAL CARE	0	0		.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000		.00		.00
EXAMINATIONS	0	0		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	2	3		8.46	2.82	.001		4.23		.00
RADIOLOGY	1	2		25.53	12.77	.000		25.53		.01
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		10.00	10.00	.000		10.00		.00
OTHER SERVICES/ALL X-OVERS	553	2,502		29,438.60	11.77	.595		53.23		7.00
@PHARMACY	2,783	20,861	\$	756,101.40	\$ 36.24	4.961	\$	271.69	\$	179.81
PRESCRIPTION DRUGS	2,753	11,366		734,561.62	64.63	2.703		266.82		174.69
SNF/ICF	95	507		25,289.38	49.88	.121		266.20		6.01
OUTPATIENTS	2,684	10,859		709,272.24	65.32	2.582		264.26		168.67
MEDICAL SUPPLIES	224	9,495		21,539.78	2.27	2.258		96.16		5.12
@DENTIST	138	448	\$	25,769.51	\$ 57.52	.107	\$	186.74	\$	6.13
VISITS - DIAGNOSTIC	90	245		3,766.00	15.37	.058		41.84		.90
ORAL SURGERY	18	66		3,163.00	47.92	.016		175.72		.75

DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	1	1		100.00	100.00	.000	100.00		.02
PERIODONTICS	3	3		455.00	151.67	.001	151.67		.11
ENDODONTICS	3	8		2,085.00	260.63	.002	695.00		.50
RESTORATIVE DENTISTRY	26	53		6,812.00	128.53	.013	262.00		1.62
PROSTHETICS	2	2		30.00	15.00	.000	15.00		.01
DENTURES, STAYPLATES	38	70		9,358.51	133.69	.017	246.28		2.23
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU D	EC 2002	Р	AGE 8,586
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASSI	STANCE - AGED					
						MO	NTHLY AVERA	ιGE	
4,205 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	60	135	\$	2,616.51	\$ 19.38	.032	\$ 43.61	\$.62
DIAGNOSTIC AND ANC. PROCED	3	3		102.91	34.30	.001	34.30		.02
EYE APPLIANCES	35	92		1,583.17	17.21	.022	45.23		.38
OTHER OPTOMETRIC SERVICES	28	40		930.43	23.26	.010	33.23		.22
@CHIROPRACTOR	9	17	\$	227.48	\$ 13.38	.004	\$ 25.28	\$.05
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	9	17		227.48	13.38	.004	25.28		.05
@PODIATRIST	90	130	\$	1,103.87	\$ 8.49	.031	\$ 12.27	\$.26
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	90	130		1,103.87	8.49	.031	12.27		.26
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	11	\$	29.17	\$ 2.65	.003	\$ 29.17	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	3	\$	41.43	\$ 13.81		\$ 13.81	\$.01
@TOTAL HOSPITAL	480	2 , 536	\$	169,083.51	\$ 66.67		\$ 352.26	\$	40.21
HOSP INPATIENT TOTAL	88	460		125,326.64	272.45	.109	1424.17		29.80
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	6	68		69,058.44	1015.57	.016	11509.74		16.42
ACCOMMODATIONS	6	68		28,065.76	412.73	.016	4677.63		6.67
ADMINISTRATIVE DAYS	1	3		665.86	221.95	.001	665.86		.16
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	6	65		27 , 399.90	421.54	.015	4566.65		6.52
ANCILLARIES	6	0		40,992.68	.00	.000	6832.11		9.75
INPATIENT CROSSOVERS	82	392		56,268.20	143.54	.093	686.20		13.38
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	404	2,076		43,756.87	21.08	.494	108.31		10.41
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
	_								

8

2

0

0

0

2,066

0

0

0

401

PATHOLOGY

RADIOLOGY

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

ROOM USE

102.55

70.12

43,584.20

.00

.00

.00

.00

12.82

35.06

21.10

.00

.00

.00

.00

.002

.000

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.491

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.02

.02

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.00

.00

.00

10.36

51.28

70.12

.00

.00

.00

.00 \$

108.69

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES N	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 8,587
MOP024	FEE-FOR-SERVICE	DENTAL					01/17/03
NEVADA COUNTY	SUMMARY OF SERV	CES FOR PUBLIC ASSI	STANCE - AGED				
					MON	THLY AVERA	GE
4,205 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	480	2 , 536 \$	169,083.51	•	.603 \$		·
COMM HOSP INPATIENT TOTAL	88	460	125,326.64		.109	1424.17	29.80
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	6	68	69,058.44	1015.57	.016	11509.74	16.42
ACCOMMODATIONS	6	68	28,065.76	412.73	.016	4677.63	6.67
ADMINISTRATIVE DAYS	1	3	665.86	221.95	.001	665.86	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	65	27,399.90	421.54	.015	4566.65	6.52

40,992.68

56,268.20

.00

.00

.00

143.54

6832.11

686.20

.00

.000

.093

.000

9.75

.00

13.38

0

0

392

6

0

82

ANCILLARIES

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

COMM HOSP OUTPATIENT TOTAL	404	2,076		43,756.87		21.08	.494		108.31		10.41
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	8		102.55		12.82	.002		51.28		.02
RADIOLOGY	_ 1	2		70.12		35.06	.000		70.12		.02
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	401	2,066		43,584.20		21.10	.491		108.69		10.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	т.	.00	-T	.00	.000	- T	.00	7	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	103	2,125	\$	328,287.60	\$	154.49	.505	\$	3187.26	Ś	78.07
LEV A-INTERMEDIATE	0	0	т.	.00	-T	.00	.000	- T	.00	7	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	103	2,125		328,287.60		154.49	.505		3187.26		78.07
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0		.00		.00	.000		.00	'	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	25	28	\$	10,908.84	\$	389.60	.007	\$	436.35	\$	2.59
HOSPITAL BASED	0	0	·	.00	·	.00	.000	·	.00	·	.00
HEMODIALYSIS CENTER	25	28		10,908.84		389.60	.007		436.35		2.59
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000	·	.00	·	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	29.40	\$	14.70	.000	\$	14.70	\$.01
PATHOLOGY	0	0		.00	·	.00	.000		.00	·	.00
XO AND OTHERS	2	2		29.40		14.70	.000		14.70		.01
@ORGANIZED OUTPATIENT CLINIC	80	166	\$	17,947.20	\$	108.12	.039	\$	224.34	\$	4.27
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	8	10		1,994.00		199.40	.002		249.25		.47
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	72	156		15,953.20		102.26	.037		221.57		3.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 8,588
MOP024	FEE-FOR-SERVICE/DENT										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASS	ISTANCE - AGED							
							N	TNOI	HLY AVERA	GE -	
							,				

4,205 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 9,749 @ALL OTHER PROVIDERS 718 150,201.87 15.41 2.318 \$ 209.19 \$ 35.72 DURABLE MED. EQUIP. 17 56 4,464.54 79.72 .013 262.62 1.06 BLOOD BANK Ω Ω .00 .00 .000 .00 .00 HEARING AID DISPENSERS 31 44 6,694.24 152.14 .010 215.94 1.59 23 384 1,392.08 3.63 .091 60.53 .33 MEDICAL TRANSPORTATION 25 242.39 9.70 .006 121.20 .06 AMBULANCES/AIR TRANS 56 145.31 2.59 .013 36.33 .03 OTHER TRANS 4 OTHER SERVICES 17 303 1,004.38 3.31 .072 59.08 .24 2 18 227.10 12.62 .004 113.55 .05 ACUPUNCTURE ADULT DAY HEALTH CARE CTR 101 1,412 93,896.37 66.50 .336 929.67 22.33 GENETIC DISEASE TESTING .00 .00 0 0 .00 .000 .00 0 .00 .00 .00 .00 .000 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 144 OPTICIAN 68 1,776.32 12.34 .034 26.12 .42 PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00

PORTABLE X-RAY	1	1	.65	.65	.000	.65	.00
PROSTHETIST/ORTHOTISTS	24	53	1,145.27	21.61	.013	47.72	.27
PROSTHETICS	24	53	1,145.27	21.61	.013	47.72	.27
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	7.16	3.58	.000	7.16	.00
SPEECH AND AUDIOLOGY	3	3	59.00	19.67	.001	19.67	.01
HOSPICE SERVICES	2	9	978.64	108.74	.002	489.32	.23
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	514	7,623	39,560.50	5.19	1.813	76.97	9.41
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,441	8,864	\$ 245,087.94	\$ 27.65	2.108	\$ 170.08	\$ 58.28

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,589 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

NEVADA COUNTI	SUMMARI OF SER	VICES FOR FUBLIC A	TOOL	SIANCE - BLIND				
							NTHLY AVERA	
695 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	, -	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	495	21,221	\$	397 , 389.67	\$ 18.73	30.534	\$ 802.81	\$ 571.78
@PHYSICIANS SERVICES	178	530	\$	13,097.94	\$ 24.71	.763	\$ 73.58	\$ 18.85
OUTPATIENT VISITS	88	117		4,121.01	35.22	.168	46.83	5.93
OFFICE VISITS	68	82		2,768.74	33.77	.118	40.72	3.98
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	24	30		1,201.23	40.04	.043	50.05	1.73
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5		151.04	30.21	.007	30.21	.22
INPATIENT VISITS	2	8		465.47	58.18	.012	232.74	.67
HOSPITAL VISITS	2	8		465.47	58.18	.012	232.74	.67
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	8		286.21	35.78	.012	35.78	.41
EXAMINATIONS	8	8		286.21	35.78	.012	35.78	.41
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2		1,540.08	770.04	.003	770.04	2.22
PRINCIPAL SURGEON	2	2		1,147.80	573.90	.003	573.90	1.65
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		392.28	.00	.000	.00	.56
OUTPATIENT SURGERY	8	12		666.13	55.51	.017	83.27	.96
PRINCIPAL SURGEON	8	10		574.78	57.48	.014	71.85	.83
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2		91.35	45.68	.003	91.35	.13
DIALYSIS	5	5		1,134.21	226.84	.007	226.84	1.63
PATHOLOGY	9	15		382.58	25.51	.022	42.51	.55
RADIOLOGY	27	48		1,415.38	29.49	.069	52.42	2.04
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		10.00	10.00	.001	10.00	.01
OTHER SERVICES/ALL X-OVERS	81	314		3,076.87	9.80	.452	37.99	4.43
@PHARMACY	379	3,747	\$	220,212.93	\$ 58.77	5.391	\$ 581.04	\$ 316.85
PRESCRIPTION DRUGS	378	1,891		214,252.91	113.30	2.721	566.81	308.28

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	5	46		1,411.31		30.68	.0	66	282.26		2.03
OUTPATIENTS	374	1,845	21	12,841.60		115.36	2.6	55	569.10		306.25
MEDICAL SUPPLIES	41	1,856		5,960.02		3.21	2.6	71	145.37		8.58
@DENTIST	26	67	\$	1,868.00	\$	27.88	.0	96 \$	71.85	\$	2.69
VISITS - DIAGNOSTIC	23	45		973.00		21.62	.0	65	42.30		1.40
ORAL SURGERY	5	8		300.00		37.50	.0	12	60.00		.43
DRUGS	0	0		.00		.00	.0	0.0	.00		.00
ANESTHESIA	0	0		.00		.00	.0	0.0	.00		.00
PERIODONTICS	0	0		.00		.00	.0	0.0	.00		.00
ENDODONTICS	0	0		.00		.00	.0	0.0	.00		.00
RESTORATIVE DENTISTRY	6	12		465.00		38.75	.0	17	77.50		.67
PROSTHETICS	1	1		30.00		30.00	.0	01	30.00		.04
DENTURES, STAYPLATES	0	0		.00		.00	.0	0.0	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.0	0.0	.00		.00
MAXILLOFACIAL SERVICES	1	1		100.00		100.00	.0	01	100.00		.14
FRACTURES, DISLOCATIONS	0	0		.00		.00	.0	0.0	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.0	0.0	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.0	0.0	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-	-PAYMENT R	EPORT	FOR JAN	2002 TH	RU DEC	2002	PAG	GE 8,590
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

NEVADA COUNTY

----- MONTHLY AVERAGE -----695 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 4 100.56 25.14 .006 \$ 100.56 \$. 14 47.45 47.45 .001 47.45 .07 DIAGNOSTIC AND ANC. PROCED .004 EYE APPLIANCES 53.11 17.70 53.11 .08 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 117.04 16.72 .010 \$ 58.52 \$.17 @CHIROPRACTOR VISITS 7 117.04 16.72 58.52 .010 .17 0 OTHER SERVICES .00 .00 .000 .00 .00 11 17.23 23.69 \$ @PODIATRIST 189.50 .016 \$.27 1 51.00 MEDICINE/INJECTIONS 51.00 .001 51.00 .07 .00 .00 SURGERY/ANES. .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 10 138.50 13.85 .014 19.79 .20 OTHER 724 21,421.00 29.59 1.042 \$ 10710.50 \$ @HOME HEALTH AGENCY 2.67 NURSE ANESTHESIST 14 37.41 .020 18.71 .05 NURSE MIDWIFE 0 .00 .00 .000 \$.00 .00 PEDIATRIC NURSE PRACTITIONER 0 .00 \$.00 .000 \$.00 .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 \$.00 .00 @TOTAL HOSPITAL 608 29,280.87 48.16 .875 \$ 238.06 \$ 42.13 HOSP INPATIENT TOTAL 11 41 17,908.22 436.79 .059 1628.02 25.77 HSC HOSPITALS 9,615.00 1201.88 .012 9615.00 13.83 NON-HSC HOSPITAL TOTAL 2,656.00 885.33 .004 1328.00 3.82 322.51 483.77 967.54 .004 1.39 ACCOMMODATIONS ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM 967.54 322.51 483.77 1.39 .004 0 844.23 ANCILLARIES 1,688.46 .00 .000 2.43 30 5,637.22 187.91 704.65 INPATIENT CROSSOVERS .043 8.11 .00 0 .00 .00 ALL OTHER INPATIENT .000 .00 567 .816 HOSP OUTPATIENT TOTAL 116 11,372.65 20.06 98.04 16.36 MEDICAL 10 12 595.19 49.60 .017 59.52 .86 7 7 SURGERY 124.95 17.85 .010 17.85 .18 PATHOLOGY 134 1,832.69 13.68 .193 57.27 2.64

RADIOLOGY	21	30		1,177.32	39.24	.043	56.06	1.69
ROOM USE	41	52		2,032.06	39.08	.075	49.56	2.92
CROSSOVERS/ALL OTH OUTPINT	69	332		5,610.44	16.90	.478	81.31	8.07
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MO	NTH-OF-PAYMENT RE	PORT FOR JAI	N 2002 THRU	DEC 2002	PAGE 8,591
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSIS	TANCE - BLIND				

----- MONTHLY AVERAGE -----USERS AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 123 608 29,280.87 48.16 .875 \$ 238.06 \$ 42.13 COMM HOSP INPATIENT TOTAL 11 41 17,908.22 436.79 .059 1628.02 25.77 HSC HOSPITALS 9,615.00 1201.88 .012 9615.00 13.83 1328.00 NON-HSC HOSPITALS TOTAL 2,656.00 885.33 .004 3.82 322.51 .004 483.77 ACCOMMODATIONS 967.54 1.39 .000 ADMINISTRATIVE DAYS .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM 3 967.54 322.51 .004 483.77 1.39 0 1,688.46 .00 .000 844.23 ANCILLARIES 2.43 5,637.22 187.91 704.65 INPATIENT CROSSOVERS .043 8.11 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 116 567 11,372.65 20.06 .816 98.04 16.36 MEDICAL 10 12 595.19 49.60 .017 59.52 .86 7 7 SURGERY 124.95 17.85 .010 17.85 .18 PATHOLOGY 32 134 1,832.69 13.68 .193 57.27 RADIOLOGY 21 30 1,177.32 39.24 .043 56.06 1.69 ROOM USE 41 52 2,032.06 39.08 .075 49.56 2.92 332 5,610.44 16.90 .478 81.31 8.07 CROSSOVERS/ALL OTH OUTPINT .00 0 0 .00 \$.000 \$.00 \$.00 @STATE HOSPITAL 0 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 @NURSING FACILITY 10 103 19,153.95 185.96 .148 \$ 1915.40 \$ 27.56 0 .00 .00 LEV A-INTERMEDIATE .00 .000 .00 0 .00 .00 .000 .00 LEV B-REHAB MD .00 .00 0 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 .00 .00 .000 .00 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 .148 1915.40 LEV B-REGULAR 10 103 19,153.95 185.96 27.56 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 \$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DDH ICF DD	0	0		.00		.00	.000		.00		.00
ICF DD ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	26	323	ċ	21,648.39	\$	67.02	.465	Ś	832.63	Ċ	31.15
HOSPITAL BASED	0	0	۲	.00	۲	.00	.000	ې	.00	۲	.00
HEMODIALYSIS CENTER	26	323		21,648.39		67.02	.465		832.63		31.15
@REHABILITATION FACILITY	13	105	Ġ	1,618.49	\$	15.41	.151	Ś	124.50	Ś	2.33
HOSPITAL BASED	1	1	۲	34.56	٧	34.56	.001	Ÿ	34.56	Y	.05
INDEPENDENT FACILITY	12	104		1,583.93		15.23	.150		131.99		2.28
@LABORATORY FACILITY	6	48	Ś	871.10	\$	18.15	.069	\$	145.18	Ś	1.25
PATHOLOGY	6	48	т	871.10	т	18.15	.069	Τ.	145.18	т	1.25
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	29	53	Ś	6,825.70	\$	128.79	.076	Ś	235.37	Ś	9.82
CLINIC	0	0	'	.00	'	.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	29	53		6,825.70		128.79	.076		235.37		9.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES M	IONTH-OF-PAYMENT R	EPOR'	T FOR JAN 2	2002 THRU	DEC	2002	P	AGE 8,592
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
NEVADA COUNTY	SUMMARY OF SERVI	ICES FOR PUBLIC	ASSI	STANCE - BLIND							
							M	ONT	HLY AVERA	GE ·	
695 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	151	14 , 877	\$	60,946.79	\$	4.10	21.406	\$	403.62	\$	87.69
DURABLE MED. EQUIP.	8	33		3,106.96		94.15	.047		388.37		4.47
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	4	4		100.00		25.00	.006		25.00		.14
MEDICAL TRANSPORTATION	6	99		3,208.54		32.41	.142		534.76		4.62
AMBULANCES/AIR TRANS	3	55		1,283.53		23.34	.079		427.84		1.85
OTHER TRANS	2	28		81.96		2.93	.040		40.98		.12
OTHER SERVICES	2	16		1,843.05		115.19	.023		921.53		2.65
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	24	222	14,810.45	66.71	.319	617.10	21.31
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	16	168.48	10.53	.023	24.07	.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	11	1,142.38	103.85	.016	571.19	1.64
PROSTHETICS	2	11	1,142.38	103.85	.016	571.19	1.64
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	53.20	26.60	.003	26.60	.08
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	42	7,053	32,569.10	4.62	10.148	775.45	46.86
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	67	7,437	5,787.68	.78	10.701	86.38	8.33
@CALIF. CHILDREN SERVICES*	32	625	\$ 17,426.34	\$ 27.88	.899	\$ 544.57	\$ 25.07
@XOVER EXCLUDING STATE HOSP**	139	2,493	\$ 31,886.89	\$ 12.79	3.587	\$ 229.40	\$ 45.88

^{0 *} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,593 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

----- MONTHLY AVERAGE -----

NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					MOI	NIULI AAFKA	.GE
17,918 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	13 , 309	360,875 \$	9,845,730.34	\$ 27.28	20.140	\$ 739.78	\$ 549.49
@PHYSICIANS SERVICES	4,331	15,790 \$	513,069.62	\$ 32.49	.881	\$ 118.46	\$ 28.63
OUTPATIENT VISITS	2,649	4,365	155,126.44	35.54	.244	58.56	8.66
OFFICE VISITS	1,992	2,945	88,832.49	30.16	.164	44.59	4.96
HOME VISITS	5	6	337.49	56.25	.000	67.50	.02
EMERGENCY ROOM	830	1,219	59,963.15	49.19	.068	72.24	3.35
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	2	186.31	93.16	.000	186.31	.01
OTHER OUTPATIENT	177	193	5,807.00	30.09	.011	32.81	.32
INPATIENT VISITS	236	1,136	44,451.52	39.13	.063	188.35	2.48
HOSPITAL VISITS	184	1,040	39,540.54	38.02	.058	214.89	2.21
CRITICAL CARE	12	27	2,781.08	103.00	.002	231.76	.16
SNF/ICF/TRANS IP CARE	52	69	2,129.90	30.87	.004	40.96	.12
OPHTHALMOLOGICAL SERVICES	80	90	3,987.89	44.31	.005	49.85	.22
EXAMINATIONS	80	90	3,987.89	44.31	.005	49.85	.22
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	96	638	65,736.37	103.04	.036	684.75	3.67
PRINCIPAL SURGEON	73	111	50,574.47	455.63	.006	692.80	2.82
ASSISTANT SURGEON	11	11	3,486.19	316.93	.001	316.93	.19
ANESTHESIOLOGIST	35	516	11,675.71	22.63	.029	333.59	.65
OUTPATIENT SURGERY	337	833	62,262.07	74.74	.046	184.75	3.47
PRINCIPAL SURGEON	282	360	50,320.33	139.78	.020	178.44	2.81
ASSISTANT SURGEON	4	4	598.66	149.67	.000	149.67	.03
ANESTHESIOLOGIST	73	469	11,343.08	24.19	.026	155.38	.63
DIALYSIS	23	106	6,915.56	65.24	.006	300.68	.39
PATHOLOGY	330	588	11,365.29	19.33	.033	34.44	.63

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	895	1,597		51,248.33		32.09	.089		57.26		2.86
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	141	320		3,694.92		11.55	.018		26.21		.21
OTHER SERVICES/ALL X-OVERS	1,713	6 , 117		108,281.23		17.70	.341		63.21		6.04
@PHARMACY	10,986	121,916	\$	5,293,758.46	\$	43.42	6.804	\$	481.86	\$	295.44
PRESCRIPTION DRUGS	10,900	47,822		5,188,195.32		108.49	2.669		475.98		289.55
SNF/ICF	278	1,842		169,156.12		91.83	.103		608.48		9.44
OUTPATIENTS	10,677	45 , 980		5,019,039.20		109.16	2.566		470.08		280.11
MEDICAL SUPPLIES	620	74,094		105,563.14		1.42	4.135		170.26		5.89
@DENTIST	994	3 , 718	\$	164,552.15	\$	44.26	.208	\$	165.55	\$	9.18
VISITS - DIAGNOSTIC	664	2,145		34,889.09		16.27	.120		52.54		1.95
ORAL SURGERY	146	509		22,227.37		43.67	.028		152.24		1.24
DRUGS	14	14		250.00		17.86	.001		17.86		.01
ANESTHESIA	8	8		800.00		100.00	.000		100.00		.04
PERIODONTICS	29	44		7,930.00		180.23	.002		273.45		. 44
ENDODONTICS	42	56		12,130.00		216.61	.003		288.81		.68
RESTORATIVE DENTISTRY	314	745		54,763.50		73.51	.042		174.41		3.06
PROSTHETICS	12	11		259.00		23.55	.001		21.58		.01
DENTURES, STAYPLATES	85	174		30,367.00		174.52	.010		357.26		1.69
SPACE MAINTAINERS	4	4		600.00		150.00	.000		150.00		.03
MAXILLOFACIAL SERVICES	2	2		266.19		133.10	.000		133.10		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	2	2		70.00		35.00	.000		35.00		.00
ALL OTHER SERVICES	4	4		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	ES MONI	H-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 8,594
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

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										THLY AVERA	GE	
17,918 ELIGIBLES	USERS	UNITS OF S	ERVICE	2	EXPENDITURES		ERAGE COST	,	S	COST PER		COST PER
		OR DAYS C	F CARE	C		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	347		982	\$	20,223.47	\$	20.59	.055	\$	58.28	\$	1.13
DIAGNOSTIC AND ANC. PROCED	138		142		6,437.10		45.33	.008		46.65		.36
EYE APPLIANCES	268		771		12,344.23		16.01	.043		46.06		.69
OTHER OPTOMETRIC SERVICES	58		69		1,442.14		20.90	.004		24.86		.08
@CHIROPRACTOR	91		145	\$	2,361.54	\$	16.29	.008	\$	25.95	\$.13
VISITS	83		132		2,202.86		16.69	.007		26.54		.12
OTHER SERVICES	8		13		158.68		12.21	.001		19.84		.01
@PODIATRIST	145		201	\$	3,625.85	\$	18.04	.011	\$	25.01	\$.20
MEDICINE/INJECTIONS	58		65		1,603.15		24.66	.004		27.64		.09
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1		1		13.00		13.00	.000		13.00		.00
OTHER	92		135		2,009.70		14.89	.008		21.84		.11
@HOME HEALTH AGENCY	97	2,	595	\$	96,820.15	\$	37.31	.145	\$	998.15	\$	5.40
NURSE ANESTHESIST	7		99	\$	267.13	\$	2.70	.006	\$	38.16	\$.01
NURSE MIDWIFE	1		2	\$	131.58	\$	65.79	.000	\$	131.58	\$.01
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	72		90	\$	2,199.90	\$	24.44	.005	\$	30.55	\$.12
@TOTAL HOSPITAL	3 , 119	17,	528	\$	1,918,963.03	\$	109.48	.978	\$	615.25	\$	107.10
HOSP INPATIENT TOTAL	286	1,	683		1,494,913.89		888.24	.094		5226.97		83.43
HSC HOSPITALS	36		382		463,188.28		1212.53	.021		12866.34		25.85
NON-HSC HOSPITAL TOTAL	150		688		954,659.14		1387.59	.038		6364.39		53.28
ACCOMMODATIONS	149		688		267,189.45		388.36	.038		1793.22		14.91
ADMINISTRATIVE DAYS	8		145		46,379.54		319.86	.008		5797.44		2.59
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	144		543		220,809.91		406.65	.030		1533.40		12.32
ANCILLARIES	150		0		687,469.69		.00	.000		4583.13		38.37

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

NEVADA COUNTY

INPATIENT CROSSOVERS	109	613		77,066.47	125.72	.034	707.03		4.30
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	2,950 1	5,845		424,049.14	26.76	.884	143.75		23.67
MEDICAL	407	596		23,300.74	39.10	.033	57.25		1.30
SURGERY	234	252		8,848.59	35.11	.014	37.81		.49
PATHOLOGY	1,152	4,747		59,018.96	12.43	.265	51.23		3.29
RADIOLOGY	703	1,048		91,574.08	87.38	.058	130.26		5.11
ROOM USE	1,235	1,977		84,128.10	42.55	.110	68.12		4.70
CROSSOVERS/ALL OTH OUTPINT	1,555	7,225		157,178.67	21.75	.403	101.08		8.77
@COUNTY HOSPITAL TOTAL	11	148	\$	107,978.30	\$ 729.58	.008	\$ 9816.21	\$	6.03
CO HOSPITAL INPATIENT TOTAL	1	98		106,384.78	1085.56	.005	106384.78		5.94
HSC HOSPITALS	1	53		71,656.00	1352.00	.003	71656.00		4.00
NON-HSC HOSPITALS TOTAL	1	45		34,728.78	771.75	.003	34728.78		1.94
ACCOMMODATIONS	1	45		10,408.50	231.30	.003	10408.50		.58
ADMINISTRATIVE DAYS	1	45		10,408.50	231.30	.003	10408.50		.58
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	1	0		24,320.28	.00	.000	24320.28		1.36
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	10	50		1,593.52	31.87	.003	159.35		.09
MEDICAL	3	4		329.50	82.38	.000	109.83		.02
SURGERY	1	1		11.25	11.25	.000	11.25		.00
PATHOLOGY	3	15		202.41	13.49	.001	67.47		.01
RADIOLOGY	3	5		100.79	20.16	.000	33.60		.01
ROOM USE	6	12		562.26	46.86	.001	93.71		.03
CROSSOVERS/ALL OTH OUTPTNT	7	13		387.31	29.79	.001	55.33		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGI	E 8,595
MOP024	FEE-FOR-SERVICE/DENTAL							(01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	C ASS	ISTANCE - DISABLED					

NEVIIDII OCCIVII	Sommer of SEI	VIOLO ION IODLIO	11001	DIGITAL DIGITALED		MC	NTHLY AVERA	CF
17,918 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST			COST PER
17,010 EE1018EE0	ODLING	OR DAYS OF CAR		EMILLINDITORED	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,112	17,380	\$	1,810,984.73	\$ 104.20	.970		\$ 101.07
COMM HOSP INPATIENT TOTAL	285	1,585	7	1,388,529.11	876.04	.088	4872.03	77.49
HSC HOSPITALS	35	329		391,532.28	1190.07	.018	11186.64	21.85
NON-HSC HOSPITALS TOTAL	149	643		919,930.36	1430.68	.036	6174.03	51.34
ACCOMMODATIONS	148	643		256,780.95	399.35	.036	1735.01	14.33
ADMINISTRATIVE DAYS	7	100		35,971.04	359.71	.006	5138.72	2.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	144	543		220,809.91	406.65	.030	1533.40	12.32
ANCILLARIES	149	0		663,149.41	.00	.000	4450.67	37.01
INPATIENT CROSSOVERS	109	613		77,066.47	125.72	.034	707.03	4.30
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,944	15 , 795		422,455.62	26.75	.882	143.50	23.58
MEDICAL	405	592		22,971.24	38.80	.033	56.72	1.28
SURGERY	233	251		8,837.34	35.21	.014	37.93	.49
PATHOLOGY	1,149	4,732		58,816.55	12.43	.264	51.19	3.28
RADIOLOGY	701	1,043		91,473.29	87.70	.058	130.49	5.11
ROOM USE	1,230	1,965		83,565.84	42.53	.110	67.94	4.66
CROSSOVERS/ALL OTH OUTPTNT	1,548	7,212		156,791.36	21.74	.403	101.29	8.75
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	156	4,076	\$	516,711.86	\$ 126.77		\$ 3312.26	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	156	4,076		516,711.86		126.77	.227		3312.26		28.84
@INTERMEDIATE CARE FACILDD	23	734	\$	104,609.06	\$	142.52	.041	\$	4548.22	\$	5.84
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	15	590		76,022.55		128.85	.033		5068.17		4.24
ICF DDN/DDCN	8	144		28,586.51		198.52	.008		3573.31		1.60
@HEMODIALYSIS TOTAL	136	2,830	\$	135,534.06	\$	47.89	.158	\$	996.57	\$	7.56
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	136	2,830		135,534.06		47.89	.158		996.57		7.56
@REHABILITATION FACILITY	39	551	\$	7,452.03	\$	13.52	.031	\$	191.08	\$.42
HOSPITAL BASED	4	7		488.96		69.85	.000		122.24		.03
INDEPENDENT FACILITY	35	544		6,963.07		12.80	.030		198.94		.39
@LABORATORY FACILITY	379	1,713	\$	22,535.09	\$	13.16	.096	\$	59.46	\$	1.26
PATHOLOGY	374	1,651		22,505.97		13.63	.092		60.18		1.26
XO AND OTHERS	5	62		29.12		.47	.003		5.82		.00
@ORGANIZED OUTPATIENT CLINIC	1,139	2,025	\$	214,446.67	\$	105.90	.113	\$	188.28	\$	11.97
CLINIC	53	108		2,546.71		23.58	.006		48.05		.14
SURGICENTER	7	19		1,161.92		61.15	.001		165.99		.06
HEROIN DETOX CLINIC	2	7		102.20		14.60	.000		51.10		.01
RURAL HEALTH CLINIC	1,085	1,891		210,635.84		111.39	.106		194.13		11.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2002	THRU	DEC	2002	PI	AGE 8,596
MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FO	R PUBLI	C ASS	SISTANCE - DISABLEI)						

---- MONTHLY AVERAGE ----17,918 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,218 185,880 828,468.69 \$ 4.46 10.374 \$ 373.52 \$ 46.24 @ALL OTHER PROVIDERS 317 1,062 151,023.84 142.21 .059 476.42 DURABLE MED. EQUIP. 8.43 0 0 .000 .00 BLOOD BANK 38.00 .00 .00 28 208.01 HEARING AID DISPENSERS 38 7,904.45 .002 282.30 .44 224 3,611 12.47 .202 201.03 MEDICAL TRANSPORTATION 45,031.27 2.51 171 2,015 219.01 AMBULANCES/AIR TRANS 37,450.97 18.59 .112 2.09 13 355 771.25 2.17 .020 59.33 .04 OTHER TRANS 45 1,241 6,809.05 5.49 .069 151.31 .38 OTHER SERVICES 2 ACUPUNCTURE 81.10 16.22 .000 40.55 .00 141 ADULT DAY HEALTH CARE CTR 1,822 119,769.82 65.74 .102 849.43 6.68 3 GENETIC DISEASE TESTING 188.00 62.67 .000 62.67 .01 IHMC, MODEL-NF, NF, AIDS, MSSP 47 4,584 143,309.62 31.26 .256 3049.14 8.00 OCCUPATIONAL THERAPIST 3 33 152.56 4.62 .002 50.85 .01 OPTICIAN 340 772 8,382.37 10.86 .043 24.65 .47 PHYSICAL THERAPIST 7 21 427.26 20.35 .001 61.04 .02 60.26 30.13 .000 60.26 .00 PORTABLE X-RAY 84 279 29,945.89 356.50 PROSTHETIST/ORTHOTISTS 107.33 .016 1.67 74 267 29,529.51 PROSTHETICS 110.60 .015 399.05 1.65 12 34.70 ORTHOTICS 416.38 .001 41.64 .02 206.49 PSYCHOLOGIST 5 9 22.94 .001 41.30 .01 76 243 SPEECH AND AUDIOLOGY 19,548.89 80.45 .014 257.22 1.09 571 67,355.86 117.96 .032 3367.79 3.76 HOSPICE SERVICES 0 .00 0 .00 .00 NONINST BIRTHING CENTERS .00 .000 365 25,457 111,810.48 4.39 1.421 306.33 6.24 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	753	147,368	123,232.53	.84	8.225	163.66	6.88
@CALIF. CHILDREN SERVICES*	254	4,207	\$ 192,191.80	\$ 45.68	.235	\$ 756.66 \$	10.73
@XOVER EXCLUDING STATE HOSP**	2,105	27 , 534	\$ 346,897.83	\$ 12.60	1.537	\$ 164.80 \$	19.36

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,597 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

112 111211 0001111	001111111111111111111111111111111111111	obb roit robbito.	 				
					MOI	NTHLY AVERAG	GE
14,046 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7,167	38,092	\$ 1,766,214.44	\$ 46.37	2.712	\$ 246.44	\$ 125.75
@PHYSICIANS SERVICES	3,395	7,829	\$ 278,370.01	\$ 35.56	.557	\$ 81.99	\$ 19.82
OUTPATIENT VISITS	2,895	4,156	135,230.22	32.54	.296	46.71	9.63
OFFICE VISITS	2,124	2,794	83,766.77	29.98	.199	39.44	5.96
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	955	1,222	46,250.32	37.85	.087	48.43	3.29
PREVENTIVE CARE	8	9	404.77	44.97	.001	50.60	.03
OB VISITS/COMPRE PERI	17	53	2,461.91	46.45	.004	144.82	.18
OTHER OUTPATIENT	63	78	2,346.45	30.08	.006	37.25	.17
INPATIENT VISITS	98	315	22,876.22	72.62	.022	233.43	1.63
HOSPITAL VISITS	93	236	11,636.38	49.31	.017	125.12	.83
CRITICAL CARE	14	79	11,239.84	142.28	.006	802.85	.80
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	40	41	2,009.06	49.00	.003	50.23	.14
EXAMINATIONS	40	41	2,009.06	49.00	.003	50.23	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	78	375	43,108.20	114.96	.027	552.67	3.07
PRINCIPAL SURGEON	51	71	36,185.12	509.65	.005	709.51	2.58
ASSISTANT SURGEON	2	2	348.64	174.32	.000	174.32	.02
ANESTHESIOLOGIST	37	302	6,574.44	21.77	.022	177.69	.47

OUTPATIENT SURGERY	250	511		27,916.59		54.63	.036		111.67		1.99
PRINCIPAL SURGEON	227	295		23,151.31		78.48	.021		101.99		1.65
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	34	216		4,765.28		22.06	.015		140.16		.34
DIALYSIS	1	1		42.45		42.45	.000		42.45		.00
PATHOLOGY	393	517		6,319.50		12.22	.037		16.08		.45
RADIOLOGY	612	957		25 , 778.21		26.94	.068		42.12		1.84
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	84	120		2,651.45		22.10	.009		31.56		.19
OTHER SERVICES/ALL X-OVERS	286	836		12,438.11		14.88	.060		43.49		.89
@PHARMACY	3,403	10,597	\$	434,848.73	\$	41.04	.754	\$	127.78	\$	30.96
PRESCRIPTION DRUGS	3 , 367	7,483		419,404.89		56.05	.533		124.56		29.86
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	3 , 367	7,483		419,404.89		56.05	.533		124.56		29.86
MEDICAL SUPPLIES	84	3,114		15,443.84			.222		183.86		1.10
@DENTIST	835	3,495	\$	113,942.05	\$	32.60	.249	\$	136.46	\$	8.11
VISITS - DIAGNOSTIC	617	2,232		38 , 845.60					62.96		2.77
ORAL SURGERY	94	290		14,786.25		50.99			157.30		1.05
DRUGS	70	77		1,630.00		21.17	.005		23.29		.12
ANESTHESIA	10	11		1,100.00		100.00	.001		110.00		.08
PERIODONTICS	3	3		310.00		103.33	.000		103.33		.02
ENDODONTICS	50	81		9,336.00		115.26	.006		186.72		.66
RESTORATIVE DENTISTRY	301	744		41,350.20		55.58	.053		137.38		2.94
PROSTHETICS	2	2		60.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	12	27		4,714.00		174.59	.002		392.83		.34
SPACE MAINTAINERS	9	10		1,200.00		120.00	.001		133.33		.09
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	11	11		465.00		42.27	.001		42.27		.03
ALL OTHER SERVICES	7	7		145.00		20.71	.000		20.71		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	JRES M	MONTH-OF-PAYMENT RE	EPOR:	r for Jan	2002 THRU	DEC	2002	PA	GE 8,598
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	: ASSI	STANCE - FAMILIES							

----- MONTHLY AVERAGE -----14,046 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 170 482 23.65 .034 \$ 67.06 \$ @OPTOMETRIST 11,399.68 .81 127 47.30 DIAGNOSTIC AND ANC. PROCED 127 6,006.80 47.30 .009 .43 129 EYE APPLIANCES 353 5,324.27 15.08 .025 41.27 .38 OTHER OPTOMETRIC SERVICES 2 2 68.61 34.31 .000 34.31 .00 1,270.72 @CHIROPRACTOR 49 76 16.72 .005 \$ 25.93 .09 VISITS 49 76 1,270.72 16.72 .005 25.93 .09 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 @PODIATRIST 10 13 374.77 28.83 .001 \$ 37.48 \$.03 9 314.77 34.97 .001 34.97 .02 MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00 SURGERY/ANES. .000 0 .00 .000 .00 RADIO./PATHOLOGY .00 .00 OTHER 4 60.00 15.00 .000 15.00 .00 @HOME HEALTH AGENCY 10 138 5,752.76 41.69 .010 \$ 575.28 .41 \$.000 .00 .00 NURSE ANESTHESIST 0 .00 .00 \$ NURSE MIDWIFE 3 13 2,506.12 192.78 .001 \$ 835.37 .18 .00 0 0 .00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 84 99 2,477.97 25.03 .007 \$ 29.50 .18 FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL 1,758 7,326 670,743.06 91.56 .522 \$ 381.54 47.75 HOSP INPATIENT TOTAL 105 406 480,402.22 1183.26 .029 4575.26 34.20 HSC HOSPITALS 29 167 215,681.01 1291.50 .012 7437.28 15.36

NON-HSC HOSPITAL TOTAL	76	235		263,909.21	1123.02	.017			18.79
ACCOMMODATIONS	76	235		77,129.20	328.21	.017	1014.86		5.49
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	76	235		77,129.20	328.21	.017	1014.86		5.49
ANCILLARIES	76	0		186,780.01	.00	.000	2457.63		13.30
INPATIENT CROSSOVERS	1	4		812.00	203.00	.000	812.00		.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1,710	6 , 920		190,340.84	27.51	.493	111.31		13.55
MEDICAL	156	183		5,203.74	28.44	.013	33.36		.37
SURGERY	216	235		5,730.46	24.38	.017	26.53		.41
PATHOLOGY	581	2,128		25,393.40	11.93	.152	43.71		1.81
RADIOLOGY	494	686		43,715.08	63.72	.049	88.49		3.11
ROOM USE	1,253	1,766		70,490.27	39.92	.126	56.26		5.02
CROSSOVERS/ALL OTH OUTPINT	706	1,922		39 , 807.89	20.71	.137	56.39		2.83
@COUNTY HOSPITAL TOTAL	1	1	\$	94.31	\$ 94.31	.000	\$ 94.31	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		94.31	94.31	.000	94.31		.01
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		8.08	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	1	1		86.23	86.23	.000	86.23		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT F	REPORT FOR JAN	1 2002 THRU	DEC 2002	P.	AGE 8,599
MOP024	FEE-FOR-SERVICE								01/17/03
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC A	ASSIS	STANCE - FAMILIES	S				
						N	MONTHLY AVER	AGE	
14,046 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS	T UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DA	Y PER ELIG	G USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,757	7,325	\$	670,648.75	\$ 91.56	.522	\$ 381.70	\$	47.75
COMM HOSP INPATIENT TOTAL	105	406		480,402.22	1183.26	.029	4575.26		34.20
HSC HOSPITALS	29	167		215,681.01	1291.50	.012	7437.28		15.36
NON-HSC HOSPITALS TOTAL	76	235		263,909.21	1123.02	.017	3472.49		18.79

14,046 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,757	7 , 325 \$	670,648.75	\$ 91.56	.522	381.70	\$ 47.75
COMM HOSP INPATIENT TOTAL	105	406	480,402.22	1183.26	.029	4575.26	34.20
HSC HOSPITALS	29	167	215,681.01	1291.50	.012	7437.28	15.36
NON-HSC HOSPITALS TOTAL	76	235	263,909.21	1123.02	.017	3472.49	18.79
ACCOMMODATIONS	76	235	77,129.20	328.21	.017	1014.86	5.49
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	76	235	77,129.20	328.21	.017	1014.86	5.49
ANCILLARIES	76	0	186,780.01	.00	.000	2457.63	13.30
INPATIENT CROSSOVERS	1	4	812.00	203.00	.000	812.00	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,709	6 , 919	190,246.53	27.50	.493	111.32	13.54
MEDICAL	156	183	5,203.74	28.44	.013	33.36	.37
SURGERY	216	235	5,730.46	24.38	.017	26.53	.41
PATHOLOGY	581	2,128	25,393.40	11.93	.152	43.71	1.81
RADIOLOGY	494	686	43,715.08	63.72	.049	88.49	3.11
ROOM USE	1,253	1,766	70,482.19	39.91	.126	56.25	5.02

CROSSOVERS/ALL OTH OUTPINT	705	1,921		39,721.66		20.68	.137		56.34		2.83
@STATE HOSPITAL	703	1,921	\$.00	Ś	.00	.000	Ś	.00	Ċ	.00
MENTALLY ILL	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	0	\$.00	\$.00	.000	Ś		\$.00
LEV A-INTERMEDIATE	0	0	Ą	.00	Ş	.00	.000	Ą	.00	ې	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-REMAD MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00			.00		.00
	1	0	Ċ		\$.00	.000	ċ		ċ	
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ş			\$.00	Þ	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000				.00
ICF DDN/DDCN	0	0	Ċ	.00	÷	.00	.000	Ċ	.00	<u>_</u>	.00
@HEMODIALYSIS TOTAL	1	51	\$	392.55	\$	7.70	.004	\$		\$.03
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	51	<u> </u>	392.55	<u> </u>	7.70	.004	<u> </u>	392.55	<u> </u>	.03
@REHABILITATION FACILITY	3	43	\$	595.91	\$	13.86	.003	\$	198.64	Ş	.04
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	3	43	_	595.91	_	13.86	.003	_	198.64	_	.04
@LABORATORY FACILITY	247	620	\$	11,076.08	\$	17.86	.044	Ş	44.84	Ş	.79
PATHOLOGY	247	620		11,076.08		17.86	.044		44.84		.79
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	735	1,376	\$	157,708.45	\$	114.61		\$	214.57	\$	11.23
CLINIC	157	480		11,988.85		24.98	.034		76.36		.85
SURGICENTER	2	7		257.21		36.74	.000		128.61		.02
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	586	889		145,462.39		163.62	.063		248.23		10.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES M	IONTH-OF-PAYMENT RE	EPOR	r for Jan	2002 THRU I	DEC	2002	P	AGE 8,600
MOP024	FEE-FOR-SERVICE/DE										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICE	ES FOR PUBLIC	ASSI	STANCE - FAMILIES							
							MC			-	
14,046 ELIGIBLES	USERS UN	NITS OF SERVICE	C	EXPENDITURES			UNITS/DAYS	3 (COST PER	(COST PER
		OR DAYS OF CARE	2		PEI	R UNIT/DAY	PER ELIG		USER	1	ELIGIBLE

					MON	NTHLY AVERAG	E
14,046 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	914	5 , 934 \$	74,755.58	\$ 12.60	.422	\$ 81.79	\$ 5.32
DURABLE MED. EQUIP.	27	35	1,704.15	48.69	.002	63.12	.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	54	733	21,573.35	29.43	.052	399.51	1.54
AMBULANCES/AIR TRANS	54	728	12,573.35	17.27	.052	232.84	.90
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	5	9,000.00	1800.00	.000	1800.00	.64
ACUPUNCTURE	3	4	86.50	21.63	.000	28.83	.01
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	23	23	1,525.00	66.30	.002	66.30	.11
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	154	333	2,909.69	8.74	.024	18.89	.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	17	51	3,616.56	70.91	.004	212.74	.26
PROSTHETICS	13	46	3,459.60	75.21	.003	266.12	.25
ORTHOTICS	4	5	156.96	31.39	.000	39.24	.01
PSYCHOLOGIST	1	6	455.76	75.96	.000	455.76	.03
SPEECH AND AUDIOLOGY	15	59	5,714.34	96.85	.004	380.96	.41

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	630	4,637	36,010.34	7.77	.330	57.16	2.56
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	53	1,159.89	21.88	.004	231.98	.08
@CALIF. CHILDREN SERVICES*	75	876	\$ 169,085.71	\$ 193.02	.062	\$ 2254.48	\$ 12.04
@XOVER EXCLUDING STATE HOSP**	5	7	\$ 939.29	\$ 134.18	.000	\$ 187.86	\$.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,601
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

NEVADA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE				
						MOI		
36,864 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	24,215	458,913	\$	13,501,332.63	\$ 29.42	12.449		366.25
@PHYSICIANS SERVICES	8,463	26,663	\$	834,187.96	\$ 31.29	.723		\$ 22.63
OUTPATIENT VISITS	5 , 637	8,644		294,645.47	34.09	.234	52.27	7.99
OFFICE VISITS	4,189	5 , 827		175,535.80	30.12	.158	41.90	4.76
HOME VISITS	5	6		337.49	56.25	.000	67.50	.01
EMERGENCY ROOM	1,809	2,471		107,414.70	43.47	.067	59.38	2.91
PREVENTIVE CARE	8	9		404.77	44.97	.000	50.60	.01
OB VISITS/COMPRE PERI	18	55		2,648.22	48.15	.001	147.12	.07
OTHER OUTPATIENT	245	276		8,304.49	30.09	.007	33.90	.23
INPATIENT VISITS	336	1,459		67 , 793.21	46.47	.040	201.77	1.84
HOSPITAL VISITS	279	1,284		51,642.39	40.22	.035	185.10	1.40
CRITICAL CARE	26	106		14,020.92	132.27	.003	539.27	.38
SNF/ICF/TRANS IP CARE	52	69		2,129.90	30.87	.002	40.96	.06
OPHTHALMOLOGICAL SERVICES	128	139		6,283.16	45.20	.004	49.09	.17
EXAMINATIONS	128	139		6,283.16	45.20	.004	49.09	.17
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	176	1,015		110,384.65	108.75	.028	627.19	2.99
PRINCIPAL SURGEON	126	184		87,907.39	477.76	.005	697.68	2.38
ASSISTANT SURGEON	13	13		3,834.83	294.99	.000	294.99	.10
ANESTHESIOLOGIST	72	818		18,642.43	22.79	.022	258.92	.51
OUTPATIENT SURGERY	595	1,356		90,844.79	66.99	.037	152.68	2.46
PRINCIPAL SURGEON	517	665		74,046.42	111.35	.018	143.22	2.01
ASSISTANT SURGEON	4	4		598.66	149.67	.000	149.67	.02
ANESTHESIOLOGIST	108	687		16,199.71	23.58	.019	150.00	. 44
DIALYSIS	29	112		8,092.22	72.25	.003	279.04	.22
PATHOLOGY	734	1,123		18,075.83	16.10	.030	24.63	.49
RADIOLOGY	1,535	2,604		78,467.45	30.13	.071	51.12	2.13
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	227	442		6,366.37	14.40	.012	28.05	.17
OTHER SERVICES/ALL X-OVERS	2,633	9,769		153,234.81	15.69	.265	58.20	4.16
@PHARMACY	17 , 551	157,121	\$	6,704,921.52	\$ 42.67	4.262	\$ 382.03	\$ 181.88
PRESCRIPTION DRUGS	17,398	68 , 562		6,556,414.74	95.63	1.860	376.85	177.85
SNF/ICF	378	2,395		195,856.81	81.78	.065	518.14	5.31
OUTPATIENTS	17,102	66,167		6,360,557.93	96.13	1.795	371.92	172.54
MEDICAL SUPPLIES	969	88,559		148,506.78	1.68	2.402	153.26	4.03
@DENTIST	1,993	7,728	\$		\$ 39.61	.210	\$ 153.60	\$ 8.30
VISITS - DIAGNOSTIC	1,394	4,667		78,473.69	16.81	.127	56.29	2.13
ORAL SURGERY	263	873		40,476.62	46.36	.024	153.90	1.10

DRUGS	84	91		1,880.00	20.66	.002	22.38		.05
ANESTHESIA	19	20		2,000.00	100.00	.001	105.26		.05
PERIODONTICS	35	50		8,695.00	173.90	.001	248.43		.24
ENDODONTICS	95	145		23,551.00	162.42	.004	247.91		.64
RESTORATIVE DENTISTRY	647	1,554		103,390.70	66.53	.042	159.80		2.80
PROSTHETICS	17	16		379.00	23.69	.000	22.29		.01
DENTURES, STAYPLATES	135	271		44,439.51	163.98	.007	329.18		1.21
SPACE MAINTAINERS	13	14		1,800.00	128.57	.000	138.46		.05
MAXILLOFACIAL SERVICES	3	3		366.19	122.06	.000	122.06		.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	13	13		535.00	41.15	.000	41.15		.01
ALL OTHER SERVICES	11	11		145.00	13.18	.000	13.18		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU D	EC 2002	P.	AGE 8,602
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASSI	STANCE					
						MO	NTHLY AVERA	GE	
36,864 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	578	1,603	\$	34,340.22	\$ 21.42	.043	\$ 59.41	\$.93
DIAGNOSTIC AND ANC. PROCED	269	273		12,594.26	46.13		46.82		.34
EYE APPLIANCES	433	1,219		19,304.78	15.84	.033	44.58		.52
OTHER OPTOMETRIC SERVICES	88	111		2,441.18	21.99	.003	27.74		.07
@CHIROPRACTOR	151	245	\$	3 , 976.78	\$ 16.23	.007	\$ 26.34	\$.11
VISITS	134	215		3 , 590.62	16.70	.006	26.80		.10
OTHER SERVICES	17	30		386.16	12.87	.001	22.72		.01
@PODIATRIST	253	355	\$	5 , 293.99	\$ 14.91	.010	\$ 20.92	\$.14
MEDICINE/INJECTIONS	68	75		1,968.92	26.25	.002	28.95		.05
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
				40.00					0.0
RADIO./PATHOLOGY	1	1		13.00	13.00	.000	13.00		.00
OTHER	1 193	1 279		3,312.07	11.87	.008	17.16		.09
	1 193 109 10	1 279 3,457 124	\$	3,312.07		.008	17.16 \$ 1137.56		

NURSE MIDWIFE	4	15	÷	2,637.70	~	175.85	.000	\$ 659.43	ċ	.07
	0	13	۶ \$	•	Ş		.000		Ş	
PEDIATRIC NURSE PRACTITIONER	159	192	ې د	.00 4,719.30	\$.00 24.58			\$.00 .13
FAMILY NURSE PRACTITIONER			ې د		\$ \$	24.58 99.58	.005		\$	
@TOTAL HOSPITAL	5,480	27,998	Ş	2,788,070.47	Ş		.759		Ş	75.63
HOSP INPATIENT TOTAL	490 66	2,590 557		2,118,550.97		817.97	.070	4323.57 10431.58		57.47 18.68
HSC HOSPITALS	234	994		688,484.29		1236.06				
NON-HSC HOSPITAL TOTAL				1,290,282.79		1298.07	.027	5514.03		35.00
ACCOMMODATIONS	233	994		373,351.95		375.61	.027	1602.37		10.13
ADMINISTRATIVE DAYS	9	148		47,045.40		317.87	.004	5227.27		1.28
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	228	846		326,306.55		385.71	.023	1431.17		8.85
ANCILLARIES	234	0		916,930.84		.00	.000	3918.51		24.87
INPATIENT CROSSOVERS	200	1,039		139,783.89		134.54	.028	698.92		3.79
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	5,180	25,408		669,519.50		26.35	.689			18.16
MEDICAL	573	791		29,099.67		36.79	.021	50.78		.79
SURGERY	457	494		14,704.00		29.77	.013	32.18		.40
PATHOLOGY	1,767	7,017		86,347.60		12.31	.190	48.87		2.34
RADIOLOGY	1,219	1,766		136,536.60		77.31	.048			3.70
ROOM USE	2,529	3 , 795		156,650.43		41.28	.103	61.94		4.25
CROSSOVERS/ALL OTH OUTPINT	2,731	11,545		246,181.20		21.32	.313	90.14		6.68
@COUNTY HOSPITAL TOTAL	12	149	\$	108,072.61	\$	725.32		\$ 9006.05	\$	2.93
CO HOSPITAL INPATIENT TOTAL	1	98		106,384.78		1085.56	.003	106384.78		2.89
HSC HOSPITALS	1	53		71,656.00		1352.00	.001	71656.00		1.94
NON-HSC HOSPITALS TOTAL	1	45		34,728.78		771.75	.001	34728.78		.94
ACCOMMODATIONS	1	45		10,408.50		231.30	.001	10408.50		.28
ADMINISTRATIVE DAYS	1	45		10,408.50		231.30	.001	10408.50		.28
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	1	0		24,320.28		.00	.000	24320.28		.66
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	11	51		1,687.83		33.09	.001	153.44		.05
MEDICAL	3	4		329.50		82.38	.000	109.83		.01
SURGERY	1	1		11.25		11.25	.000	11.25		.00
PATHOLOGY	3	15		202.41		13.49	.000	67.47		.01
RADIOLOGY	3	5		100.79		20.16	.000	33.60		.00
ROOM USE	6	12		570.34		47.53	.000	95.06		.02
CROSSOVERS/ALL OTH OUTPTNT	8	14		473.54		33.82	.000	59.19		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES M		EPOR				PAG	
MOP024	FEE-FOR-SERVICE/DENT									01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

						MON	ITHLY AVERA	GE
36,864 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,472	27,849	\$	2,679,997.86	\$ 96.23	.755	489.77	\$ 72.70
COMM HOSP INPATIENT TOTAL	489	2,492		2,012,166.19	807.45	.068	4114.86	54.58
HSC HOSPITALS	65	504		616,828.29	1223.87	.014	9489.67	16.73
NON-HSC HOSPITALS TOTAL	233	949		1,255,554.01	1323.03	.026	5388.64	34.06
ACCOMMODATIONS	232	949		362,943.45	382.45	.026	1564.41	9.85
ADMINISTRATIVE DAYS	8	103		36,636.90	355.70	.003	4579.61	.99
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	228	846		326,306.55	385.71	.023	1431.17	8.85
ANCILLARIES	233	0		892,610.56	.00	.000	3830.95	24.21
INPATIENT CROSSOVERS	200	1,039		139,783.89	134.54	.028	698.92	3.79
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	5,173	25,357		667,831.67		26.34	.688		129.10		18.12
MEDICAL	571	787		28,770.17		36.56	.021		50.39		.78
SURGERY	456	493		14,692.75		29.80	.013		32.22		.40
PATHOLOGY	1,764	7,002		86,145.19		12.30	.190		48.84		2.34
RADIOLOGY	1,217	1,761		136,435.81		77.48	.048		112.11		3.70
ROOM USE	2,524	3,783		156,080.09		41.26	.103		61.84		4.23
CROSSOVERS/ALL OTH OUTPTNT		11,531		245,707.66		21.31	.313		90.23		6.67
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	270	6,304	\$	864,153.41	\$	137.08	.171	\$	3200.57	\$	23.44
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	270	6,304		864,153.41		137.08	.171		3200.57		23.44
@INTERMEDIATE CARE FACILDD	23	734	\$	104,609.06	\$	142.52	.020	\$	4548.22	\$	2.84
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	15	590		76,022.55		128.85	.016		5068.17		2.06
ICF DDN/DDCN	8	144		28,586.51		198.52	.004		3573.31		.78
@HEMODIALYSIS TOTAL	15 8 188	3,232	\$	168,483.84	\$	52.13	.088	\$	896.19	\$	4.57
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	188	3,232		168,483.84		52.13	.088		896.19		4.57
@REHABILITATION FACILITY	55	699	\$	9,666.43	\$	13.83	.019	\$	175.75	\$.26
HOSPITAL BASED	5	8		523.52		65.44	.000		104.70		.01
INDEPENDENT FACILITY	50	691		9,142.91		13.23	.019		182.86		.25
@LABORATORY FACILITY	634	2,383	\$	34,511.67	\$	14.48	.065	\$	54.43	\$.94
PATHOLOGY	627	2,319		34,453.15		14.86	.063		54.95		.93
XO AND OTHERS	7	64		58.52		.91	.002		8.36		.00
@ORGANIZED OUTPATIENT CLINIC	1,983	3,620	\$	396,928.02	\$	109.65	.098	\$	200.17	\$	10.77
CLINIC	210	588		14,535.56		24.72	.016		69.22		.39
SURGICENTER	17	36		3,413.13		94.81	.001		200.77		.09
HEROIN DETOX CLINIC	2	7		102.20		14.60	.000		51.10		.00
RURAL HEALTH CLINIC	1,772	2,989		378,877.13		126.76	.081		213.81		10.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES M	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 8,604
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/17/03
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASSI	STANCE							
							M	TNC	HLY AVERA	.GE	
36,864 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	Œ		PER	- ,	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	4,001	216,440	\$	1,114,372.93	\$	5.15	5.871	\$	278.52	\$	30.23
DURABLE MED. EQUIP.	369	1.186		160,299,49		135.16	.032		434.42		4.35

36,864 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,001	216,440 \$	1,114,372.93	\$ 5.15	5.871 \$	278.52	\$ 30.23
DURABLE MED. EQUIP.	369	1,186	160,299.49	135.16	.032	434.42	4.35
BLOOD BANK	0	0	38.00	.00	.000	.00	.00
HEARING AID DISPENSERS	63	86	14,698.69	170.92	.002	233.31	.40
MEDICAL TRANSPORTATION	307	4,827	71,205.24	14.75	.131	231.94	1.93
AMBULANCES/AIR TRANS	230	2,823	51,550.24	18.26	.077	224.13	1.40
OTHER TRANS	19	439	998.52	2.27	.012	52.55	.03
OTHER SERVICES	69	1,565	18,656.48	11.92	.042	270.38	.51
ACUPUNCTURE	7	27	394.70	14.62	.001	56.39	.01
ADULT DAY HEALTH CARE CTR	266	3,456	228,476.64	66.11	.094	858.93	6.20
GENETIC DISEASE TESTING	26	26	1,713.00	65.88	.001	65.88	.05
IHMC, MODEL-NF, NF, AIDS, MSSP	47	4,584	143,309.62	31.26	.124	3049.14	3.89
OCCUPATIONAL THERAPIST	3	33	152.56	4.62	.001	50.85	.00
OPTICIAN	569	1,265	13,236.86	10.46	.034	23.26	.36
PHYSICAL THERAPIST	7	21	427.26	20.35	.001	61.04	.01

PORTABLE X-RAY	2	3	60.91	20.30	.000	30.46	.00
PROSTHETIST/ORTHOTISTS	127	394	35,850.10	90.99	.011	282.28	.97
PROSTHETICS	113	377	35,276.76	93.57	.010	312.18	.96
ORTHOTICS	14	17	573.34	33.73	.000	40.95	.02
PSYCHOLOGIST	7	17	669.41	39.38	.000	95.63	.02
SPEECH AND AUDIOLOGY	96	307	25,375.43	82.66	.008	264.33	.69
HOSPICE SERVICES	22	580	68,334.50	117.82	.016	3106.11	1.85
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,037	37 , 147	180,389.92	4.86	1.008	173.95	4.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,339	162,481	169,740.60	1.04	4.408	126.77	4.60
@CALIF. CHILDREN SERVICES*	361	5 , 708	\$ 378 , 703.85	\$ 66.35	.155	\$ 1049.04	\$ 10.27
@XOVER EXCLUDING STATE HOSP**	3,690	38,898	\$ 624,811.95	\$ 16.06	1.055	\$ 169.33	\$ 16.95

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,605 MOP024 01/17/03 FEE-FOR-SERVICE/DENTAL NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

					MON'	THLY AVERAC	SE
2,755 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,981	14,132 \$	768,390.58	\$ 54.37	5.130 \$	387.88	\$ 278.91
@PHYSICIANS SERVICES	340	929 \$	17,926.92	\$ 19.30	.337 \$	52.73	\$ 6.51
OUTPATIENT VISITS	21	32	1,085.99	33.94	.012	51.71	.39
OFFICE VISITS	18	28	761.81	27.21	.010	42.32	.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	324.18	81.05	.001	81.05	.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	24	1,115.26	46.47	.009	185.88	.40
HOSPITAL VISITS	6	24	1,115.26	46.47	.009	185.88	.40
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	139.24	139.24	.000	139.24	.05
PRINCIPAL SURGEON	1	1	139.24	139.24	.000	139.24	.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	28	65.17	2.33	.010	9.31	.02
RADIOLOGY	5	14	265.29	18.95	.005	53.06	.10
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	321	830	15,255.97	18.38	.301	47.53	5.54
@PHARMACY	1,676	7,634 \$	378,125.67		2.771 \$		
PRESCRIPTION DRUGS	1,662	6,318	372,707.91	58.99	2.293	224.25	135.28

SNF/ICF	89	500		23,701.99		47.40	.181		266.31		8.60
OUTPATIENTS	1,592	5,818		349,005.92		59.99	2.112		219.22		126.68
MEDICAL SUPPLIES	72	1,316		5,417.76		4.12	.478		75.25		1.97
@DENTIST	102	363	Ś	19,465.75		53.62	.132	Ċ	190.84	Ċ	7.07
VISITS - DIAGNOSTIC	64	180	Y	2,707.00	۲	15.04	.065	Y	42.30	Y	.98
ORAL SURGERY	13	78		3,186.00		40.85	.028		245.08		1.16
	13	0									
DRUGS				.00		.00	.000		.00		.00
ANESTHESIA	2	2		200.00		100.00	.001		100.00		.07
PERIODONTICS	1	1		200.00		200.00	.000		200.00		.07
ENDODONTICS	3	4		950.00		237.50	.001		316.67		.34
RESTORATIVE DENTISTRY	23	56		4,436.75		79.23	.020		192.90		1.61
PROSTHETICS	4	4		90.00		22.50	.001		22.50		.03
DENTURES, STAYPLATES	20	38		7,696.00		202.53	.014		384.80		2.79
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT	REPOR			DEC	2002	P.	AGE 8,606
MOP024	FEE-FOR-SERVICE		(110 1		I (DI OI	(1 101(0111(2	1002 111110		2002		01/17/03
NEVADA COUNTY		ICES FOR MN - NO	300	- ACED	ΔΤΠ	CODE 14 1H	111				01/17/03
NEVADA COUNTI	SOMMAN OF SERV	TOES FOR PIN NO	, 500	, AGED	AID	CODE 14 III	M	ONT!	HIV AVERA	CF.	
2,755 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	7.42	ERAGE COST			COST PER		COST PER
2,733 EDIGIDDES	OBERB	OR DAYS OF CARE		EXI ENDITORES		ER UNIT/DAY	/		USER		ELIGIBLE
@OPTOMETRIST	39	90	Ś	1,629.08		18.10	.033	ċ	41.77		.59
DIAGNOSTIC AND ANC. PROCED	1	1	Ą	47.45		47.45	.000	Ą	47.45	Ą	.02
	24	64									
EYE APPLIANCES				1,124.61		17.57	.023		46.86		.41
OTHER OPTOMETRIC SERVICES	16	25		457.02		18.28	.009	_	28.56		.17
@CHIROPRACTOR	0	0	\$.00		.00	.000	\$		\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	29	41	\$	378.81		9.24		\$		\$.14
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	29	41		378.81		9.24	.015		13.06		.14
@HOME HEALTH AGENCY	2	8	\$	524.05	\$	65.51	.003	\$	262.03	\$.19
NURSE ANESTHESIST	1	28	\$	59.82	\$	2.14	.010	\$	59.82	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00		.00	.000	Ś	.00	Ś	.00
		-	,	5.82		.00		\$		\$.00
FAMILY NURSE PRACTITIONER	•	0	S				()()()				
FAMILY NURSE PRACTITIONER	0	0 1 354	\$.000 491				
@TOTAL HOSPITAL	0 242	1,354	\$	81,263.81		60.02	.491		335.80	\$	29.50
@TOTAL HOSPITAL HOSP INPATIENT TOTAL	0 242 43	1,354 210	\$	81,263.81 51,693.64	\$	60.02 246.16	.491 .076		335.80 1202.18		29.50 18.76
@TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	0 242 43 1	1,354 210 6	\$	81,263.81 51,693.64 5,700.00	\$	60.02 246.16 950.00	.491 .076 .002		335.80 1202.18 5700.00		29.50 18.76 2.07
@TOTAL HOSPITAL HOSP INPATIENT TOTAL	0 242 43	1,354 210	\$	81,263.81 51,693.64	\$	60.02 246.16	.491 .076		335.80 1202.18		29.50 18.76

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10.73

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

0

41

208

0

4

0

7

RADIOLOGY	6	9		1,367.85		151.98	.003	227.98		.50
ROOM USE	5	5		195.14		39.03	.002	39.03		.07
CROSSOVERS/ALL OTH OUTPINT	200	1,073		26,606.06		24.80	.389	133.03		9.66
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	RES MO	NTH-OF-PAYMENT F	REPOR	T FOR JAN	2002 THRU I	DEC 2002	P7	AGE 8,607
MOP024	FEE-FOR-SERVICE/	DENTAL								01/17/03
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR MN - NO) SOC	- AGED	AID	CODE 14 1H	1U			
							MC	ONTHLY AVERA	GE -	
2,755 ELIGIBLES	USERS	UNITS OF SERVIC	\equiv	EXPENDITURES		ERAGE COST		S COST PER	(COST PER
		OR DAYS OF CAR	Ξ.		PE	R UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	242	1,354	\$	81,263.81	\$.491	•	\$	29.50
COMM HOSP INPATIENT TOTAL	43	210		51,693.64		246.16	.076	1202.18		18.76
HSC HOSPITALS	1	6		5,700.00		950.00	.002	5700.00		2.07
NON-HSC HOSPITALS TOTAL	2	7		15,014.90				7507.45		5.45
ACCOMMODATIONS	2	7		3,206.79		458.11	.003	1603.40		1.16

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	7		3,206.79		458.11	.003		1603.40		1.16
ANCILLARIES	2	0		11,808.11		.00	.000		5904.06		4.29
INPATIENT CROSSOVERS	41	197		30,978.74		157.25	.072		755.58		11.24
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	208	1,144		29,570.17		25.85	.415		142.16		10.73
MEDICAL	4	-, 9		837.12		93.01	.003		209.28		.30
SURGERY	Ô	0		.00		.00	.000		.00		.00
PATHOLOGY	7	48		564.00		11.75	.017		80.57		.20
RADIOLOGY	6	9		1,367.85		151.98	.003		227.98		.50
ROOM USE	5	5		195.14		39.03	.002		39.03		.07
CROSSOVERS/ALL OTH OUTPTNT	200	1,073		26,606.06		24.80	.389		133.03		9.66
@STATE HOSPITAL	0	0	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	87	1,533	\$		Ċ		.556	ċ		ċ	
@NURSING FACILITY	0		P	•	Ą	134.20		Ş		Ş	74.67
LEV A-INTERMEDIATE	U	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	87	1,533		205,726.51		134.20	.556		2364.67		74.67
@INTERMEDIATE CARE FACILDD	0	0	\$		\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	3	\$	129.38	\$	43.13	.001	\$	43.13	\$.05
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	3	3		129.38		43.13	.001		43.13		.05
@ORGANIZED OUTPATIENT CLINIC	62	114	\$	11,915.07	\$	104.52	.041	\$	192.18	\$	4.32
CLINIC	1	1		8.08		8.08	.000		8.08		.00
SURGICENTER	2	2		399.76		199.88	.001		199.88		.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	59	111		11,507.23		103.67	.040		195.04		4.18
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MO		REPORT			DEC		P	AGE 8,608
MOP024	FEE-FOR-SERVICE										01/17/03
NEVADA COUNTY		ICES FOR MN - NO	SOC	- AGED	ATD (CODE 14 1H	1 []				01/1//00
112111211 0001111	2011111111 01 21111	1020 1011 1111 110	200	11022		7022 11 111	M	ОИТ	HIY AVERA	GE.	
2,755 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΔVI	ERAGE COST					COST PER
Z, 700 EETCIBEEC	05210	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	277	2,035	\$	51,239.89	\$	25.18	.739		184.98		18.60
DURABLE MED. EQUIP.	11	34	Ψ	2,707.57	Υ	79.63	.012	Υ	246.14	Ψ.	.98
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	13	20		7,062.89		353.14	.007		543.30		2.56
MEDICAL TRANSPORTATION	14	425		1,169.10		2.75	.154		83.51		.42
AMBULANCES/AIR TRANS	4	12		325.84		27.15	.004		81.46		.12
OTHER TRANS	5	130		286.13		2.20	.044		57.23		.12
OTHER IKANS											
OTHER SERVICES	5	283		557.13		1.97	.103		111.43		.20
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	33	386	25,842.78	66.95	.140	783.11	9.38
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	42	98	1,289.06	13.15	.036	30.69	.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	2.50	.83	.001	2.50	.00
PROSTHETIST/ORTHOTISTS	4	9	199.14	22.13	.003	49.79	.07
PROSTHETICS	4	9	199.14	22.13	.003	49.79	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	10	1,029.49	102.95	.004	128.69	.37
HOSPICE SERVICES	3	36	3,884.12	107.89	.013	1294.71	1.41
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	159	1,014	8,053.24	7.94	.368	50.65	2.92
@CALIF. CHILDREN SERVICES*	0	3CR \$	68.52CR \$	22.84	.001CR\$.00 \$.02CR
@XOVER EXCLUDING STATE HOSP**	683	3 , 110 \$	111,768.72 \$	35.94	1.129 \$	163.64 \$	40.57
0* TOTALS IN THESE LINES ARE GIVEN	N AS A SEPARATE	INFORMATION ITEM ON	LY;				
THE AMOUNTS ARE ALREADY INCLUDE	ED IN THE APPRO	PRIATE DETAIL LINES A	ABOVE				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,609 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

----- MONTHLY AVERAGE -----

					MON	THLY AVERAC	jE:
18 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6	136 \$	11,852.86	\$ 87.15	7.556 \$	1975.48	\$ 658.49
@PHYSICIANS SERVICES	1	2 \$	68.35	\$ 34.18	.111 \$	68.35	\$ 3.80
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00	.00	.000		.00		.00
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	2		68.35	34.18	.111	6	8.35		3.80
@PHARMACY	5	36	\$	1,730.60	\$ 48.07	2.000	\$ 34	6.12	\$	96.14
PRESCRIPTION DRUGS	5	36		1,730.60	48.07	2.000	34	6.12		96.14
SNF/ICF	3	26		965.76	37.14	1.444	32	1.92		53.65
OUTPATIENTS	2	10		764.84	76.48	.556	38	2.42		42.49
MEDICAL SUPPLIES	0	0		.00	.00	.000		.00		.00
@DENTIST	1	5	\$	44.00	\$ 8.80	.278	\$ 4	4.00	\$	2.44
VISITS - DIAGNOSTIC	1	5		44.00	8.80	.278	4	4.00		2.44
ORAL SURGERY	0	0		.00	.00	.000		.00		.00
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS	0	0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000		.00		.00
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE:	S MONTH-	OF-PAYMENT REI	PORT FOR JA	N 2002 THRU	DEC 200	2	PAGE	8,610
MOP024	FEE-FOR-SERVICE/DENTA	AL							(01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

ANCILLARIES

----- MONTHLY AVERAGE -----18 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @OPTOMETRIST 0 .000 \$ 0 .00 \$.00 .00 \$.00 .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .000 .00 .00 .000 EYE APPLIANCES 0 .00 .00 .00 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 .00 0 .00 .00 .000 .00 VISITS .00 OTHER SERVICES .00 .00 .000 .00 5.80 @PODIATRIST 5.80 .056 \$ 5.80 \$.32 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 SURGERY/ANES. .00 .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 5.80 5.80 .056 5.80 .32 @HOME HEALTH AGENCY .00 .00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 .00 .00 .00 .000 \$.00 NURSE MIDWIFE 0 .00 .00 .000 .00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 FAMILY NURSE PRACTITIONER .00 .00 .000 \$.00 \$.00 .500 \$ @TOTAL HOSPITAL 49.82 5.54 49.82 2.77 HOSP INPATIENT TOTAL .00 .00 .00 .00 .000 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00

.00

.00

.000

.00

.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	9		49.82	5.54	.500	49.82	2.77
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	9		49.82	5.54	.500	49.82	2.77
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUE	RES MONTH-OF-E	PAYMENT REI	PORT FOR JAN	2002 THRU D	EC 2002	PAGE 8,611
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	MN - NO	O SOC - BLIND		AID CODE			
						MO	NTHLY AVERA	GE

					M	ONTHLY AVERA	1GE	
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER		COST PER
	OR DAYS OF CARE			PER UNIT/DAY	Y PER ELIG	USER		ELIGIBLE
1	9	\$	49.82	\$ 5.54	.500	\$ 49.82	\$	2.77
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
1	9		49.82	5.54	.500	49.82		2.77
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
1	9		49.82	5.54	.500	49.82		2.77
0	0	\$.00	\$.00	.000	\$.00	\$.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
3	80	\$	9,331.53	\$ 116.64	4.444	\$ 3110.51	\$	518.42
0	0		.00	.00	.000	.00		.00
	USERS 1 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0	OR DAYS OF CARE 1	OR DAYS OF CARE 1 9 \$ 0 1 99 0 0 0 0 0 0 1 99 0 0 0 1 99 0 0 0 1 99 0 0 0 1 99 0 0 0 1 99 0	OR DAYS OF CARE 1 9 \$ 49.82 0 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 1 9 49.82 0 0 0 .00	OR DAYS OF CARE 9 \$ 49.82 \$ 5.54 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS EXPENDITURES AVERAGE COST UNITS/DAY. PER UNIT/DAY UNITS/DAY. PER UNIT/DAY PER ELIG 1 9 \$ 49.82 \$ 5.54 .500 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00 .00 .000 .000 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER ELIG COST PER PER UNIT/DAY 1 9 \$ 49.82 \$ 5.54 .500 \$ 49.82 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 1 9 \$ 49.82 \$ 5.54 .500 \$ 49.82 \$ 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00

1 EU D DEULD WD	2	0		0.0		0.0	0.00		0.0		0.0
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	. 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ü	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	80	_	9,331.53	_	116.64	4.444	_	3110.51		518.42
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITUR	ES MO	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PAG	E 8,612
MOP024	FEE-FOR-SERVICE/DENT	'AL									01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MN - NO	SOC	- BLIND		AID CODE	24				
								10NTI	HLY AVERA	GE	
18 ELIGIBLES	USERS UNIT	S OF SERVICE		EXPENDITURES	AVE	ERAGE COST			COST PER	-	ST PER
		DAYS OF CARE				R UNIT/DAY	PER ELIC		USER		IGIBLE
@ALL OTHER PROVIDERS	1	3	Ś	622.76	Ś	207.59	.167		622.76		34.60
DURABLE MED. EQUIP.	0	0	т	.00	Τ	.00	.000	т	.00	-1	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
DIOOD DIMIK	O .	O		.00		• • • •	.000		.00		• • • •

HEARING AID DISPENSERS	1	3	622.76	207.59	.167	622.76	34.60
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	3	12 \$	238.70	\$ 19.89	.667 \$	79.57 \$	13.26
0* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE I	NFORMATION ITEM ONLY	·;				
THE AMOUNTS ARE ALREADY INCLUDED	D IN THE APPROPR	IATE DETAIL LINES AF	OVE.				
** THESE DATA ARE INCLIDED IN THE	A DDRODRIATE DET	ATT. TIMES ABOVE					

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,613 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 NEVADA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

----- MONTHLY AVERAGE -----2,144 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 975.73 \$ 832.83 @TOTAL, ALL PROVIDERS 1,830 30,664 1,785,586.66 58.23 14.302 \$ 517 2,258 76,781.42 34.00 1.053 \$ 148.51 \$ @PHYSICIANS SERVICES OUTPATIENT VISITS 253 473 15,511.86 32.79 .221 61.31 7.24 OFFICE VISITS 212 385 10,757.58 27.94 .180 50.74 5.02 HOME VISITS 0 0 .00 .00 .000 .00 .00 .00 60.23 .00 .00 EMERGENCY ROOM 57 72 4,336.28 .034 76.08 2.02 .000 0 0 .00 .00 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI 0 0 .00 .000 .00 .00 16 418.00 26.13 .007 26.13 OTHER OUTPATIENT .19 9,455.50 39 212 44.60 .099 242.45 INPATIENT VISITS 4.41 35 HOSPITAL VISITS 195 7,814.90 40.08 .091 223.28 3.65 3 CRITICAL CARE 13 1,518.10 116.78 .006 506.03 .71 SNF/ICF/TRANS IP CARE 30.63 30.63 4 4 122.50 .002 .06 OPHTHALMOLOGICAL SERVICES 13 569.71 43.82 .006 43.82 .27 569.71 43.82 EXAMINATIONS 13 .006 43.82 .27 0 SERVICES AND MATERIALS 0 .00 .00 .000 .00 .00 128 INPATIENT HOSPITAL SURGERY 18 12,851.71 100.40 .060 713.98 5.99 PRINCIPAL SURGEON 13 8,680.68 333.87 .012 667.74 4.05 ASSISTANT SURGEON 3 5 1,591.95 318.39 .002 530.65 .74 ANESTHESIOLOGIST 2,579.08 26.59 .045 286.56 1.20

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	31	59		6,939.01		117.61	.028		223.84		3.24
PRINCIPAL SURGEON	29	39		6,412.24		164.42	.018		221.11		2.99
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	4	20		526.77		26.34	.009		131.69		.25
DIALYSIS	1	27		303.08		11.23	.013		303.08		.14
PATHOLOGY	47	175		4,034.27		23.05	.082		85.84		1.88
RADIOLOGY	129	288		9,004.14		31.26	.134		69.80		4.20
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	28	107		2,434.68		22.75	.050		86.95		1.14
OTHER SERVICES/ALL X-OVERS	262	776		15,677.46		20.20	.362		59.84		7.31
@PHARMACY	1,524	10,392	\$	1,158,372.93	\$	111.47	4.847	\$	760.09	\$	540.29
PRESCRIPTION DRUGS	1,511	7,116		1,149,549.97		161.54	3.319		760.79		536.17
SNF/ICF	12	44		4,044.62		91.92	.021		337.05		1.89
OUTPATIENTS	1,499	7,072		1,145,505.35		161.98	3.299		764.18		534.28
MEDICAL SUPPLIES	88	3 , 276		8,822.96		2.69	1.528		100.26		4.12
@DENTIST	116	431	\$	21,985.50	\$	51.01	.201	\$	189.53	\$	10.25
VISITS - DIAGNOSTIC	78	248		3,957.50		15.96			50.74		1.85
ORAL SURGERY	19	90		3,804.00		42.27	.042		200.21		1.77
DRUGS	2	2		25.00		12.50	.001		12.50		.01
ANESTHESIA	3	3		300.00		100.00	.001		100.00		.14
PERIODONTICS	1	1		55.00		55.00	.000		55.00		.03
ENDODONTICS	3	3		920.00		306.67	.001		306.67		.43
RESTORATIVE DENTISTRY	30	59		6,435.00		109.07	.028		214.50		3.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	13	22		6,489.00		294.95	.010		499.15		3.03
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	3		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES MO	NTH-OF-PAYMENT RE	EPORI	FOR JAN	2002 THRU	DEC	2002	PF	AGE 8,614
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES	FOR MN - N	O SOC	- DISABLED 64 6	6G 6F	4 6U 6V 62	X 8G				

----- MONTHLY AVERAGE -----2,144 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 63 185 3,399.75 \$ 18.38 .086 \$ 53.96 \$ DIAGNOSTIC AND ANC. PROCED 14 15 631.13 42.08 .007 45.08 2,479.77 EYE APPLIANCES 48 153 16.21 .071 51.66 1.16 OTHER OPTOMETRIC SERVICES 15 17 288.85 16.99 .008 19.26 .13 .002 \$ @CHIROPRACTOR 4 5 61.97 \$ 12.39 15.49 \$.03 VISITS 50.16 16.72 .001 16.72 OTHER SERVICES 11.81 5.91 .001 11.81 .01 @PODIATRIST 10 13 223.72 \$ 17.21 .006 \$ 22.37 \$.10 152.80 25.47 .003 25.47 MEDICINE/INJECTIONS 19.00 SURGERY/ANES. 1 19.00 .000 19.00 .01 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 .003 OTHER 6 6 51.92 8.65 8.65 .02 @HOME HEALTH AGENCY 10 59 3,722.76 \$ 63.10 .028 \$ 372.28 \$ 1.74 15 37.91 \$ 2.53 18.96 \$ NURSE ANESTHESIST .007 \$ 0 .00 \$ NURSE MIDWIFE .00 .000 \$.00 \$.00 .00 0 .000 \$ PEDIATRIC NURSE PRACTITIONER .00 .00 \$.00 12 FAMILY NURSE PRACTITIONER 197.40 \$ 16.45 .006 \$ 21.93 \$ @TOTAL HOSPITAL 396 2,545 355,624.87 \$ 139.73 1.187 \$ 898.04 \$ 165.87 HOSP INPATIENT TOTAL 45 281 296,940.71 1056.73 .131 6598.68 138.50 HSC HOSPITALS 82,951.00 1106.01 .035 16590.20 38.69

NON-HSC HOSPITAL TOTAL	19	120		198,661.12	2	1655.51	.056	10455.85		92.66
ACCOMMODATIONS	19	120		57 , 827.49	9	481.90	.056	3043.55		26.97
ADMINISTRATIVE DAYS	1	21		4,857.30)	231.30	.010	4857.30		2.27
TRANSITIONAL IP CARE	0	0		.00)	.00	.000	.00		.00
ALL OTHER ACCOM	18	99		52,970.19)	535.05	.046	2942.79		24.71
ANCILLARIES	19	0		140,833.63	3	.00	.000	7412.30		65.69
INPATIENT CROSSOVERS	21	86		15,328.59)	178.24	.040	729.93		7.15
ALL OTHER INPATIENT	0	0		.00)	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	369	2,264		58,684.16	5	25.92	1.056	159.04		27.37
MEDICAL	52	89		4,381.67	7	49.23	.042	84.26		2.04
SURGERY	20	21		1,087.38	3	51.78	.010	54.37		.51
PATHOLOGY	143	588		8,172.63	3	13.90	.274	57.15		3.81
RADIOLOGY	98	235		19,360.28	3	82.38	.110	197.55		9.03
ROOM USE	108	161		6,178.26	5	38.37	.075	57.21		2.88
CROSSOVERS/ALL OTH OUTPINT	203	1,170		19,503.94	1	16.67	.546	96.08		9.10
@COUNTY HOSPITAL TOTAL	0	0	\$.00) :	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00)	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00)	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00)	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00)	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00)	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00)	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00)	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00)	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT	REP	ORT FOR JAN 2	2002 THRU	DEC 2002	P.	AGE 8,615
MOP024	FEE-FOR-SERVICE	•								01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC	- DISABLED 64	1 6G	6H 6U 6V 6X	8G			
								ONTHLY AVERA	-	
2,144 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		AVERAGE COST				COST PER
		OR DAYS OF CARE				PER UNIT/DAY	_			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	396	2,545	\$	355 , 624.87		\$ 139.73	1.187		\$	
COMM HOSP INPATIENT TOTAL	45	281		296,940.71		1056.73	.131	6598.68		138.50
HSC HOSPITALS	5	75		82 , 951.00)	1106.01	.035	16590.20		38.69

2,144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	396	2,545 \$	355,624.87	\$ 139.73	1.187	\$ 898.04	\$ 165.87
COMM HOSP INPATIENT TOTAL	45	281	296,940.71	1056.73	.131	6598.68	138.50
HSC HOSPITALS	5	75	82,951.00	1106.01	.035	16590.20	38.69
NON-HSC HOSPITALS TOTAL	19	120	198,661.12	1655.51	.056	10455.85	92.66
ACCOMMODATIONS	19	120	57,827.49	481.90	.056	3043.55	26.97
ADMINISTRATIVE DAYS	1	21	4,857.30	231.30	.010	4857.30	2.27
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	99	52 , 970.19	535.05	.046	2942.79	24.71
ANCILLARIES	19	0	140,833.63	.00	.000	7412.30	65.69
INPATIENT CROSSOVERS	21	86	15,328.59	178.24	.040	729.93	7.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	369	2,264	58,684.16	25.92	1.056	159.04	27.37
MEDICAL	52	89	4,381.67	49.23	.042	84.26	2.04
SURGERY	20	21	1,087.38	51.78	.010	54.37	.51
PATHOLOGY	143	588	8,172.63	13.90	.274	57.15	3.81
RADIOLOGY	98	235	19,360.28	82.38	.110	197.55	9.03
ROOM USE	108	161	6,178.26	38.37	.075	57.21	2.88

CROSSOVERS/ALL OTH OUTPTNT	203	1,170		19,503.94		16.67	.546		96.08		9.10
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6	180	\$	21,300.78	\$	118.34	.084	\$	3550.13	\$	9.94
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	180		21,300.78		118.34	.084		3550.13		9.94
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	18	203	\$	18,754.40	\$	92.39	.095	\$	1041.91	\$	8.75
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	18	203		18,754.40		92.39	.095		1041.91		8.75
@REHABILITATION FACILITY	5	24	\$	554.68	\$	23.11	.011	\$	110.94	\$.26
HOSPITAL BASED	2	17		445.29		26.19	.008		222.65		.21
INDEPENDENT FACILITY	3	7		109.39		15.63	.003		36.46		.05
@LABORATORY FACILITY	25	109	\$	1,852.83	\$	17.00	.051	\$	74.11	\$.86
PATHOLOGY	24	108		1,846.25		17.09	.050		76.93		.86
XO AND OTHERS	1	1		6.58		6.58	.000		6.58		.00
@ORGANIZED OUTPATIENT CLINIC	128	232	\$	22,046.98	\$	95.03	.108	\$	172.24	\$	10.28
CLINIC	2	3		74.87		24.96	.001		37.44		.03
SURGICENTER	1	1		203.18		203.18	.000		203.18		.09
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	125	228		21,768.93		95.48	.106		174.15		10.15
#CALIF DEPT OF HEALTH SERV			JRES M	ONTH-OF-PAYMENT RI	EPOR'	r for jan 20	02 THRU	DEC	2002	PI	AGE 8,616
MOP024	FEE-FOR-SERVICE										01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MN - N	10 SOC	- DISABLED 64	6G 61	4 6U 6V 6X 8	_				
									HLY AVERA		
2 144 FLICTRIES	HIGERG	IINITE OF SERVIC	T.	EADEMULAIDES	2√7.71	TRACE COST II	MTTC/DAV	S	COST DEB		COU DEB

				MON	THLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
243	14,001 \$	100,668.76	\$ 7.19	6.530 \$	414.27	\$ 46.95
23	111	9,136.88	82.31	.052	397.26	4.26
0	0	.00	.00	.000	.00	.00
4	6	714.07	119.01	.003	178.52	.33
22	463	3,178.89	6.87	.216	144.50	1.48
12	96	2,123.43	22.12	.045	176.95	.99
1	17	38.45	2.26	.008	38.45	.02
9	350	1,017.01	2.91	.163	113.00	.47
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
47	763	35 , 706.96	46.80	.356	759.72	16.65
0	0	.00	.00	.000	.00	.00
65	154	1,804.24	11.72	.072	27.76	.84
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
11	25	1,626.38	65.06	.012	147.85	.76
11	25	1,626.38	65.06	.012	147.85	.76
0	0	.00	.00	.000	.00	.00
2	18	199.03	11.06	.008	99.52	.09
2	2	29.86	14.93	.001	14.93	.01
	243 23 0 4 22 12 1 9 0 0 0 47	OR DAYS OF CARE 243	OR DAYS OF CARE 243	OR DAYS OF CARE PER UNIT/DAY 243 14,001 \$ 100,668.76 \$ 7.19 23 111 9,136.88 82.31 0 0 .00 .00 4 6 714.07 119.01 22 463 3,178.89 6.87 12 96 2,123.43 22.12 1 17 38.45 2.26 9 350 1,017.01 2.91 0 0 .00 .00 0 0 .00 .00 47 763 35,706.96 46.80 0 0 .00 .00 47 763 35,706.96 46.80 0 0 .00 .00 65 154 1,804.24 11.72 0 0 .00 .00 11 25 1,626.38 65.06 11 25 1,626.38 65.06 0 0 .00 <td>USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG 243 14,001 \$ 100,668.76 \$ 7.19 6.530 \$ 23 111 9,136.88 82.31 .052 0 0 .00 .00 .00 4 6 714.07 119.01 .003 22 463 3,178.89 6.87 .216 12 96 2,123.43 22.12 .045 1 17 38.45 2.26 .008 9 350 1,017.01 2.91 .163 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 47 763 35,706.96 46.80 .356 0 0 .00 .00 .00 0 0 .00 .00 .00 0 .00<!--</td--><td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 243 14,001 \$ 100,668.76 \$ 7.19 6.530 \$ 414.27 23 111 9,136.88 82.31 .052 397.26 0 0 .00 .00 .000 .00 4 6 714.07 119.01 .003 178.52 22 463 3,178.89 6.87 .216 144.50 12 96 2,123.43 22.12 .045 176.95 1 17 38.45 2.26 .008 38.45 9 350 1,017.01 2.91 .163 113.00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00<</td></td>	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG 243 14,001 \$ 100,668.76 \$ 7.19 6.530 \$ 23 111 9,136.88 82.31 .052 0 0 .00 .00 .00 4 6 714.07 119.01 .003 22 463 3,178.89 6.87 .216 12 96 2,123.43 22.12 .045 1 17 38.45 2.26 .008 9 350 1,017.01 2.91 .163 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 47 763 35,706.96 46.80 .356 0 0 .00 .00 .00 0 0 .00 .00 .00 0 .00 </td <td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 243 14,001 \$ 100,668.76 \$ 7.19 6.530 \$ 414.27 23 111 9,136.88 82.31 .052 397.26 0 0 .00 .00 .000 .00 4 6 714.07 119.01 .003 178.52 22 463 3,178.89 6.87 .216 144.50 12 96 2,123.43 22.12 .045 176.95 1 17 38.45 2.26 .008 38.45 9 350 1,017.01 2.91 .163 113.00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00<</td>	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 243 14,001 \$ 100,668.76 \$ 7.19 6.530 \$ 414.27 23 111 9,136.88 82.31 .052 397.26 0 0 .00 .00 .000 .00 4 6 714.07 119.01 .003 178.52 22 463 3,178.89 6.87 .216 144.50 12 96 2,123.43 22.12 .045 176.95 1 17 38.45 2.26 .008 38.45 9 350 1,017.01 2.91 .163 113.00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00<

HOSPICE SERVICES	12	190		24,608.61	129.52	.089	2050.72	11.48
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	24	11,254		20,082.09	1.78	5.249	836.75	9.37
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	47	1,015		3,581.75	3.53	.473	76.21	1.67
@CALIF. CHILDREN SERVICES*	10	28	\$	8,210.15	\$ 293.22	.013	\$ 821.02	\$ 3.83
@XOVER EXCLUDING STATE HOSP**	356	2,975	\$	54,919.24	\$ 18.46	1.388	\$ 154.27	\$ 25.62
A+ MOMATO IN MURCE TIMES ADE CIVEN		E THEODMARTON	TUEM ONT	V •				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,617 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 NEVADA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	MON						NTHLY AVERA	.GE
32,217 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	14,890	79 , 321	\$	4,501,819.18	\$ 56.75	2.462	302.34	\$ 139.73
@PHYSICIANS SERVICES	7 , 135	18,459	\$	714,790.85	\$ 38.72	.573	100.18	\$ 22.19
OUTPATIENT VISITS	5,708	8,102		270,807.56	33.42	.251	47.44	8.41
OFFICE VISITS	4,265	5 , 674		169,877.59	29.94	.176	39.83	5.27
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1,777	2,234		88,981.78	39.83	.069	50.07	2.76
PREVENTIVE CARE	3	4		180.49	45.12	.000	60.16	.01
OB VISITS/COMPRE PERI	73	107		9,561.28	89.36	.003	130.98	.30
OTHER OUTPATIENT	80	83		2,206.42	26.58	.003	27.58	.07
INPATIENT VISITS	303	884		47,632.20	53.88	.027	157.20	1.48
HOSPITAL VISITS	292	769		33,693.21	43.81	.024	115.39	1.05
CRITICAL CARE	22	109		13,726.19	125.93	.003	623.92	.43
SNF/ICF/TRANS IP CARE	4	6		212.80	35.47	.000	53.20	.01
OPHTHALMOLOGICAL SERVICES	57	58		2,693.82	46.45	.002	47.26	.08

EXAMINATIONS	56	56		2,641.52		47.17	.002		47.17		.08
SERVICES AND MATERIALS	2	2		52.30		26.15	.000		26.15		.00
INPATIENT HOSPITAL SURGERY	290	1,374		159,494.74		116.08	.043		549.98		4.95
PRINCIPAL SURGEON	185	241		128,920.73		534.94	.007		696.87		4.00
ASSISTANT SURGEON	29	30		6 , 031.69		201.06	.001		207.99		.19
ANESTHESIOLOGIST	123	1,103		24,542.32		22.25	.034		199.53		.76
OUTPATIENT SURGERY	633	1,370		94,749.08		69.16	.043		149.68		2.94
PRINCIPAL SURGEON	557	693		78,084.91		112.68	.022		140.19		2.42
ASSISTANT SURGEON	3	3		291.75		97.25	.000		97.25		.01
ANESTHESIOLOGIST	129	674		16,372.42		24.29	.021		126.92		.51
DIALYSIS	5	22		1,399.22		63.60	.001		279.84		.04
PATHOLOGY	900	1,250		18,583.02		14.87	.039		20.65		.58
RADIOLOGY	1,432	2,133		61,508.18		28.84	.066		42.95		1.91
PSYCHIATRY	0	. 0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	179	336		5,444.69		16.20	.010		30.42		.17
OTHER SERVICES/ALL X-OVERS	775	2,930		52,478.34		17.91	.091		67.71		1.63
@PHARMACY	7,233	19,345	\$	1,191,157.31	\$	61.57	.600	\$	164.68	\$	36.97
PRESCRIPTION DRUGS	7,188	16,227	·	1,036,810.89		63.89	.504		144.24		32.18
SNF/ICF	. 14	. 36		2,124.62		59.02	.001		151.76		.07
OUTPATIENTS	7,176	16,191		1,034,686.27		63.91	.503		144.19		32.12
MEDICAL SUPPLIES	125	3,118		154,346.42		49.50	.097		1234.77		4.79
@DENTIST	1,632	6,044	\$	238,970.20	\$.188	\$		\$	7.42
VISITS - DIAGNOSTIC	1,110	3,606	·	62,061.35	•	17.21	.112	·	55.91	·	1.93
ORAL SURGERY	183	463		25,404.25		54.87	.014		138.82		.79
DRUGS	122	140		2,603.75		18.60	.004		21.34		.08
ANESTHESIA	24	24		2,350.00		97.92	.001		97.92		.07
PERIODONTICS	13	18		1,880.00		104.44	.001		144.62		.06
ENDODONTICS	114	161		30,919.00		192.04	.005		271.22		.96
RESTORATIVE DENTISTRY	618	1,458		96,970.85		66.51	.045		156.91		3.01
PROSTHETICS	9	10		330.00		33.00	.000		36.67		.01
DENTURES, STAYPLATES	27	77		9,272.00		120.42	.002		343.41		.29
SPACE MAINTAINERS	18	18		2,711.00		150.61	.001		150.61		.08
MAXILLOFACIAL SERVICES	1	1		48.00		48.00	.000		48.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	39	52		4,045.00		77.79	.002		103.72		.13
ALL OTHER SERVICES	11	16		375.00		23.44	.000		34.09		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M		ZPORT			DEC		PΣ	GE 8,618
MOP024	FEE-FOR-SERVICE/DEN		ILLO II			. 1010 01110 1	2002 1111(0	טעכ	, 2002		01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES		OC-FA	м 34 39 3N 3T 3V	54 50	9 5.T 5W-5Y	6.T				01/1//00
1411 4111111 0001411	SOLUTION OF STREET	, 1010 1111 1100	JU IA	11 01 00 011 01 01 0	J 1 J .	, 50 500 51	0.0				

----- MONTHLY AVERAGE -----32,217 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 289 832 \$ 19,446.90 23.37 .026 \$ 67.29 \$.60 DIAGNOSTIC AND ANC. PROCED 217 217 10,167.21 46.85 .007 46.85 .32 EYE APPLIANCES 218 612 9,183.35 15.01 .019 42.13 .29 3 96.34 32.11 .000 24.09 .00 OTHER OPTOMETRIC SERVICES 4 @CHIROPRACTOR 143 220 3,678.40 \$ 16.72 .007 \$ 25.72 \$.11 220 3,678.40 16.72 25.72 VISITS 143 .007 .11 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 17 21 908.52 43.26 .001 \$.03 @PODIATRIST 53.44 \$ MEDICINE/INJECTIONS 13 13 559.73 43.06 .000 43.06 .02 1 1 SURGERY/ANES. 84.14 84.14 .000 84.14 .00 .00 RADIO./PATHOLOGY 34.60 17.30 .000 17.30 3 5 230.05 OTHER 46.01 .000 76.68 .01 30 126 @HOME HEALTH AGENCY \$ 8,420.61 \$ 66.83 .004 \$ 280.69 \$.26 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00

NURSE MIDWIFE	9	26	\$	1,024.93	\$	39.42	.001	\$	113.88	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	182	235	\$	5,991.89	\$.007	\$	32.92		.19
@TOTAL HOSPITAL	4,146	20,295	\$	1,813,675.85	\$.630		437.45		56.30
HOOD TAIDAMTEAM MOMAT	200	1,077	·	1,310,294.28		1216.61	.033	·	4426.67	•	40.67
HSC HOSPITALS	49 243 243	213		257 148 78		1207 27	007		5247.93		7.98
NON-HSC HOSPITAL TOTAL	243	853		1,048,898.32		1229.66	.026		4316.45		32.56
ACCOMMODATIONS	243	853		288,647.33		338.39	.026		1187.85		8.96
ADMINISTRATIVE DAYS	0	0		1,048,898.32 288,647.33 200.07CI	R	.00	.000		.00		.01CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	243	853		288,847.40		338.63	.026		1188.67		8.97
ANCILLARIES	243	0		760,250.99		.00	.000		3128.60		23.60
INPATIENT CROSSOVERS	7	11		4,247.18		386.11	.000		606.74		.13
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,979	19,218		503,381.57		26.19	.597		126.51		15.62
MEDICAL	538	688		22,499.30		32.70	.021		41.82		.70
SURGERY	429	400		14,695.62		30.49	.015		34.26		. 46
PATHOLOGY	1,637	5.653		78,842.33		13.95	.175		48.16		2.45
RADIOLOGY	1,132	1,538		103,448.35		67.26	.048		91.39		3.21
ROOM USE		4,036		151,161.78		37.45	.125				4.69
CROSSOVERS/ALL OTH OUTPINT		6,821		132,734.19		19.46	.212		76.42		4.12
@COUNTY HOSPITAL TOTAL	, 6	50	\$	1,599.05	\$.002	\$	266.51	\$.05
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	6	50		1,599.05		31.98	.002		266.51		.05
MEDICAL	4	4		177.39		44.35	.000		44.35		.01
SURGERY	1	3		63.94		21.31	.000		63.94		.00
PATHOLOGY	2	10		205.62		20.56	.000		102.81		.01
RADIOLOGY	1	2		40.12		20.06	.000		40.12		.00
ROOM USE	6	15		786.07		52.40	.000		131.01		.02
CROSSOVERS/ALL OTH OUTPTNT	4	16		325.91		20.37	.000		81.48		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES MO	ONTH-OF-PAYMENT RI	EPOF	RT FOR JAN	2002 THRU	DEC	2002	PA	GE 8,619
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03
NELLE DE COLLUENT	CINDIA DII OF CEDIITOR	C TOD 101 1100		4 0.4 0.0 0xx 0m 0xx	- 4 -	O F = FF7 F77					

NEVADA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

NEVADA COUNTI SUMMARI OF SERVICES FOR MY NOSCE FAM ST 37 37 37 30 3W 31 00									
						MON	ITHLY AVERA	GE	
32,217 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	4,143	20,245	\$	1,812,076.80	\$ 89.51	.628	437.38	\$ 56.25	
COMM HOSP INPATIENT TOTAL	296	1,077		1,310,294.28	1216.61	.033	4426.67	40.67	
HSC HOSPITALS	49	213		257,148.78	1207.27	.007	5247.93	7.98	
NON-HSC HOSPITALS TOTAL	243	853		1,048,898.32	1229.66	.026	4316.45	32.56	
ACCOMMODATIONS	243	853		288,647.33	338.39	.026	1187.85	8.96	
ADMINISTRATIVE DAYS	0	0		200.07CR	.00	.000	.00	.01CR	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	243	853		288,847.40	338.63	.026	1188.67	8.97	
ANCILLARIES	243	0		760,250.99	.00	.000	3128.60	23.60	
INPATIENT CROSSOVERS	7	11		4,247.18	386.11	.000	606.74	.13	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	3,976	19,168		501,782.52		26.18	.595		126.20		15.58
MEDICAL	535	684		22,321.91		32.63	.021		41.72		.69
SURGERY	428	479		14,631.68		30.55	.015		34.19		.45
PATHOLOGY	1,635	5,643		78,636.71		13.94	.175		48.10		2.44
RADIOLOGY	1,131	1,536		103,408.23		67.32	.048		91.43		3.21
ROOM USE	2,647	4,021		150,375.71		37.40	.125		56.81		4.67
CROSSOVERS/ALL OTH OUTPTNT	1,734	6,805		132,408.28		19.46	.211		76.36		4.11
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	5	\$	576.05	\$	115.21	.000	\$	576.05	\$.02
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	5		576.05		115.21	.000		576.05		.02
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	476	\$	16,435.35	\$	34.53	.015	\$	1826.15	\$.51
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	476		16,435.35		34.53	.015		1826.15		.51
@REHABILITATION FACILITY	13	184	\$	3,120.81	\$	16.96	.006	\$	240.06	\$.10
HOSPITAL BASED	4	9		729.40		81.04	.000		182.35		.02
INDEPENDENT FACILITY	9	175		2,391.41		13.67	.005		265.71		.07
@LABORATORY FACILITY	675	1,355	\$	27,988.75	\$	20.66	.042	\$	41.46	\$.87
PATHOLOGY	675	1,355		27 , 988.75		20.66	.042		41.46		.87
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,546	3,184	\$	303,535.48	\$	95.33	.099	\$	196.34	\$	9.42
CLINIC	396	1,241		35,405.56		28.53	.039		89.41		1.10
SURGICENTER	28	147		4,580.45		31.16	.005		163.59		.14
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,142	1,796		263,549.47		146.74	.056		230.78		8.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES N	MONTH-OF-PAYMENT R	REPORT	r for Jan :	2002 THRU I	DEC	2002	P7	AGE 8,620
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR MN-NOS	OC-FA	AM 34 39 3N 3T 3V	54 59	9 5J 5W-5Y	6J				
							MC	TINC	HLY AVERA	GE -	
32,217 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES			UNITS/DAYS	5 (COST PER	(COST PER
		OR DAYS OF CAR			PEI		PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,373	8,514	\$	152,097.28	\$	17.86	.264	\$	110.78	\$	4.72
DURABLE MED. EQUIP.	47	89		17,679.66		198.65	.003		376.16		.55
BLOOD BANK	1	10		153.00		15.30	.000		153.00		.00

32,217 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,373	8 , 514 \$	152,097.28	\$ 17.86	.264	\$ 110.78	\$ 4.72
DURABLE MED. EQUIP.	47	89	17 , 679.66	198.65	.003	376.16	.55
BLOOD BANK	1	10	153.00	15.30	.000	153.00	.00
HEARING AID DISPENSERS	2	3	235.00	78.33	.000	117.50	.01
MEDICAL TRANSPORTATION	109	1,852	48,079.28	25.96	.057	441.09	1.49
AMBULANCES/AIR TRANS	105	1,686	31,456.14	18.66	.052	299.58	.98
OTHER TRANS	2	36	108.71	3.02	.001	54.36	.00
OTHER SERVICES	13	130	16,514.43	127.03	.004	1270.34	.51
ACUPUNCTURE	1	3	59.47	19.82	.000	59.47	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	127	127	9,989.00	78.65	.004	78.65	.31
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	254	559	5 , 179.59	9.27	.017	20.39	.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	21	27	1,979.28	73.31	.001	94.25	.06
PROSTHETICS	17	21	1,761.81	83.90	.001	103.64	.05
ORTHOTICS	4	6	217.47	36.25	.000	54.37	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	18	7,829.06	434.95	.001	652.42	.24
HOSPICE SERVICES	2	156	14,123.12	90.53	.005	7061.56	.44
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	793	4,938	43,818.42	8.87	.153	55.26	1.36
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	732	2,972.40	4.06	.023	114.32	.09
@CALIF. CHILDREN SERVICES*	108	1,396	\$ 249,934.81	\$ 179.04	.043	\$ 2314.21	\$ 7.76
@XOVER EXCLUDING STATE HOSP**	88	391	\$ 9,084.69	\$ 23.23	.012	\$ 103.24	\$.28

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,621 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 NEVADA COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

NEVADA COUNTY	SUMMARY OF SER	VICES FOR 28 MEDICA	LLY	NEEDY - NO SOC					
						MC			
37,134 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		OST UNITS/DAYS	5	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/			USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	18,707	124,253 \$		7,067,649.28	\$ 56.88			377.81	
@PHYSICIANS SERVICES	7,993	21,648 \$		•	\$ 37.40		\$	101.28	\$
OUTPATIENT VISITS	5 , 982	8 , 607		287,405.41	33.3			48.05	7.74
OFFICE VISITS	4,495	6 , 087		181,396.98	29.80	.164		40.36	4.88
HOME VISITS	0	0		.00	.00	.000		.00	.00
EMERGENCY ROOM	1,838	2,310		93,642.24	40.5	4 .062		50.95	2.52
PREVENTIVE CARE	3	4		180.49	45.12	2 .000		60.16	.00
OB VISITS/COMPRE PERI	73	107		9,561.28	89.3	6 .003		130.98	.26
OTHER OUTPATIENT	96	99		2,624.42	26.5	1 .003		27.34	.07
INPATIENT VISITS	348	1,120		58,202.96	51.9	7 .030		167.25	1.57
HOSPITAL VISITS	333	988		42,623.37	43.1	4 .027		128.00	1.15
CRITICAL CARE	25	122		15,244.29	124.9	5 .003		609.77	.41
SNF/ICF/TRANS IP CARE	8	10		335.30	33.53	3 .000		41.91	.01
OPHTHALMOLOGICAL SERVICES	70	71		3,263.53	45.9	7 .002		46.62	.09
EXAMINATIONS	69	69		3,211.23	46.5	4 .002		46.54	.09
SERVICES AND MATERIALS	2	2		52.30	26.1	5 .000		26.15	.00
INPATIENT HOSPITAL SURGERY	308	1,502		172,346.45	114.7	4 .040		559.57	4.64
PRINCIPAL SURGEON	198	267		137,601.41	515.3	6 .007		694.96	3.71
ASSISTANT SURGEON	32	35		7,623.64	217.82	2 .001		238.24	.21
ANESTHESIOLOGIST	132	1,200		27,121.40	22.60	.032		205.47	.73
OUTPATIENT SURGERY	665	1,430		101,827.33	71.2	1 .039		153.12	2.74
PRINCIPAL SURGEON	587	733		84,636.39	115.4	7 .020		144.18	2.28
ASSISTANT SURGEON	3	3		291.75	97.2	5 .000		97.25	.01
ANESTHESIOLOGIST	133	694		16,899.19	24.3	5 .019		127.06	.46
DIALYSIS	6	49		1,702.30	34.7	4 .001		283.72	.05
PATHOLOGY	954	1,453		22,682.46	15.63	.039		23.78	.61
RADIOLOGY	1,566	2,435		70,777.61	29.0	7 .066		45.20	1.91
PSYCHIATRY	0	0		.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	207	443		7,879.37	17.79	9 .012		38.06	.21
OTHER SERVICES/ALL X-OVERS	1,359	4,538		83,480.12	18.40			61.43	2.25
@PHARMACY	10,438	37,407 \$		2,729,386.51	\$ 72.9		\$	261.49	\$ 73.50
PRESCRIPTION DRUGS	10,366	29,697		2,560,799.37	86.23			247.04	68.96

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	118	606		30,836.99		50.89	.016		261.33		.83
OUTPATIENTS	10,269	29 , 091		2,529,962.38		86.97	.783		246.37		68.13
MEDICAL SUPPLIES	285	7,710		168,587.14		21.87	.208		591.53		4.54
@DENTIST	1,851	6,843	\$	280,465.45	\$	40.99	.184	\$	151.52	\$	7.55
VISITS - DIAGNOSTIC	1,253	4,039		68,769.85		17.03	.109		54.88		1.85
ORAL SURGERY	215	631		32,394.25		51.34	.017		150.67		.87
DRUGS	124	142		2,628.75		18.51	.004		21.20		.07
ANESTHESIA	29	29		2,850.00		98.28	.001		98.28		.08
PERIODONTICS	15	20		2,135.00		106.75	.001		142.33		.06
ENDODONTICS	120	168		32,789.00		195.17	.005		273.24		.88
RESTORATIVE DENTISTRY	671	1,573		107,842.60		68.56	.042		160.72		2.90
PROSTHETICS	13	14		420.00		30.00	.000		32.31		.01
DENTURES, STAYPLATES	60	137		23,457.00		171.22	.004		390.95		.63
SPACE MAINTAINERS	18	18		2,711.00		150.61	.000		150.61		.07
MAXILLOFACIAL SERVICES	1	1		48.00		48.00	.000		48.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	39	52		4,045.00		77.79	.001		103.72		.11
ALL OTHER SERVICES	13	19		375.00		19.74	.001		28.85		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES 1	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU 1	DEC	2002	P	AGE 8,622
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 28 MED	[CAL]	LY NEEDY - NO SOC							
							MO	TNC	HLY AVERA	GE	
37,134 ELIGIBLES	USERS	UNITS OF SERVICE	4	EXPENDITURES			UNITS/DAYS	S (COST PER	(COST PER
		OR DAYS OF CAR	₹.		PER	UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@OPTOMETRIST	391	1,107	\$	24,475.73	\$	22.11	.030	\$	62.60	\$.66
DIAGNOSTIC AND ANC. PROCED	232	233		10,845.79		46.55	.006		46.75		.29
EYE APPLIANCES	290	829		12,787.73		15.43	.022		44.10		.34
OTHER OPTOMETRIC SERVICES	35	45		842.21		18.72	.001		24.06		.02
@CHIROPRACTOR	147	225	\$	3,740.37	\$	16.62	.006	\$	25.44	\$.10
VISITS	146	223		3,728.56		16.72	.006		25.54		.10
OTHER SERVICES	1	2		11.81		5.91	.000		11.81		.00
@PODIATRIST	57	76	\$	1,516.85	\$	19.96	.002	\$	26.61	\$.04

MEDICINE/INJECTIONS	19	19	712.53	37.50	.001	37.50	.02
SURGERY/ANES.	2	2	103.14	51.57	.000	51.57	.00
RADIO./PATHOLOGY	2	2	34.60	17.30	.000	17.30	.00
OTHER	39	53	666.58	12.58	.001	17.09	.02
@HOME HEALTH AGENCY	42	193 \$	12,667.42	\$ 65.63	.005 \$	301.61	\$.34
NURSE ANESTHESIST	3	43 \$	97.73	\$ 2.27	.001 \$	32.58	\$.00
NURSE MIDWIFE	9	26 \$	1,024.93	\$ 39.42	.001 \$	113.88	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	191	247 \$	6,195.11	\$ 25.08	.007 \$	32.44	
@TOTAL HOSPITAL	4,785	24,203 \$	2,250,614.35	\$ 92.99	.652 \$	470.35	
HOSP INPATIENT TOTAL	384	1,568	1,658,928.63	1057.99	.042	4320.13	44.67
HSC HOSPITALS	55	294	345,799.78	1176.19	.008	6287.27	9.31
NON-HSC HOSPITAL TOTAL	264	980	1,262,574.34	1288.34	.026	4782.48	34.00
ACCOMMODATIONS	264	980	349,681.61	356.82	.026	1324.55	9.42
ADMINISTRATIVE DAYS	1	21	4,657.23	221.77	.001	4657.23	.13
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	263	959	345,024.38	359.78	.026	1311.88	9.29
ANCILLARIES	264	0	912,892.73	.00	.000	3457.93	24.58
INPATIENT CROSSOVERS	69	294	50,554.51	171.95	.008	732.67	1.36
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,557	22,635	591,685.72	26.14	.610	129.84	15.93
MEDICAL	594	786	27,718.09	35.26	.021	46.66	.75
SURGERY	449	503	15,783.00	31.38	.014	35.15	.43
PATHOLOGY	1,787	6 , 289	87,578.96	13.93	.169	49.01	2.36
RADIOLOGY	1,236	1,782	124,176.48	69.68	.048	100.47	3.34
ROOM USE	2,763	4,202	157,535.18	37.49	.113	57.02	4.24
CROSSOVERS/ALL OTH OUTPTNT	2,141	9,073	178,894.01	19.72	.244	83.56	4.82
@COUNTY HOSPITAL TOTAL	2,141	50 \$	1,599.05	\$ 31.98	.001 \$	266.51	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	50	1,599.05	31.98	.001	266.51	.04
MEDICAL	0	4	177.39	44.35	.000	44.35	.00
SURGERY	1	3	63.94	21.31	.000	63.94	.00
PATHOLOGY	2	10	205.62	20.56	.000	102.81	.01
RADIOLOGY	1	2	40.12	20.06	.000	40.12	.00
ROOM USE	6	15	786.07	52.40	.000	131.01	.02
CROSSOVERS/ALL OTH OUTPTNT	4	16	325.91	20.37	.000	81.48	.02
		ES AND EXPENDITURES N					PAGE 8,623
MOP024	FEE-FOR-SERVICE	,	IONIII OF FAIMENI N	EFORT FOR UAN A	ZUUZ IIIKU DEK	2002	01/17/03
NEVADA COUNTY		ICES FOR 28 MEDICALI	Y NEEDY - NO SOC				01/17/05
NEVIBII COCNII	DOING OF DERV		II NEEDI NO DOC		MONT	THLY AVERA	GE
37,134 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0,,101 22101222	00210	OR DAYS OF CARE	2111 2113 1 1 0 1 1 2 2	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,782	24,153 \$	2,249,015.30	\$ 93.12	.650 \$		
COMM HOSP INPATIENT TOTAL	384	1,568	1,658,928.63	1057.99	.042	4320.13	44.67
HSC HOSPITALS	55	294	345,799.78	1176.19	.008	6287.27	9.31
NON-HSC HOSPITALS TOTAL	264	980	1,262,574.34	1288.34	.026	4782.48	34.00
ACCOMMODATIONS	264	980	349,681.61	356.82	.026	1324.55	9.42
	=		· · · · · · · · · · · · · · · · · · ·				

ADMINISTRATIVE DAYS	1	21		4,657.23		221.77	.001		4657.23		.13
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	263	959		345,024.38		359.78	.026		1311.88		9.29
ANCILLARIES	264	0		912,892.73		.00	.000		3457.93		24.58
INPATIENT CROSSOVERS	69	294		50,554.51		171.95	.008		732.67		1.36
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4,554	22,585		590,086.67		26.13	.608		129.58		15.89
		•									
MEDICAL	591	782		27,540.70		35.22	.021		46.60		.74
SURGERY	448	500		15,719.06		31.44	.013		35.09		.42
PATHOLOGY	1,785	6 , 279		87 , 373.34		13.92	.169		48.95		2.35
RADIOLOGY	1,235	1,780		124,136.36		69.74	.048		100.52		3.34
ROOM USE	2,760	4,187		156,749.11		37.44	.113		56.79		4.22
CROSSOVERS/ALL OTH OUTPTNT	2,138	9,057		178,568.10		19.72	.244		83.52		4.81
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	97	1,798	\$	236,934.87	\$	131.78		\$	2442.63	Ś	6.38
LEV A-INTERMEDIATE	0	1,750	۲	.00	۲	.00	.000	Y	.00	٧	.00
	0	0					.000		.00		
LEV B-REHAB MD	•	0		.00		.00					.00
LEV B-SUBACUTE FREESTANDING	Ü	Ü		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	97	1 , 798		236,934.87		131.78	.048		2442.63		6.38
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	27	679	\$		\$	51.83		\$	1303.32	Ś	.95
HOSPITAL BASED	0	0	۲	.00	۲	.00	.000	٧	.00	٧	.00
	27	679				51.83	.018		1303.32		.95
HEMODIALYSIS CENTER			Ċ	35,189.75	Ċ			Ċ		Ċ	
@REHABILITATION FACILITY	18	208	\$	•	\$	17.67		\$	204.19	\$.10
HOSPITAL BASED	6	26		1,174.69		45.18	.001		195.78		.03
INDEPENDENT FACILITY	12	182		2,500.80		13.74	.005		208.40		.07
@LABORATORY FACILITY	703	1,467	\$	29 , 970.96	\$	20.43	.040	\$	42.63	\$.81
PATHOLOGY	699	1,463		29 , 835.00		20.39	.039		42.68		.80
XO AND OTHERS	4	4		135.96		33.99	.000		33.99		.00
@ORGANIZED OUTPATIENT CLINIC	1,736	3,530	\$	337,497.53	\$	95.61	.095	\$	194.41	\$	9.09
CLINIC	399	1,245		35,488.51		28.50	.034		88.94		.96
SURGICENTER	31	150		5,183.39		34.56	.004		167.21		.14
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,326	2,135		296,825.63		139.03	.057		223.85		7.99
#CALIF DEPT OF HEALTH SERV			DEC M	IONTH-OF-PAYMENT R	E DOD			חבר		D.	AGE 8,624
MOP024	FEE-FOR-SERVICE		KES M	IONIH-OF-FAIMENI K	EFOR.	I FOR JAN	2002 100	DEC	2002	F.	01/17/03
		,		W MEEDY NO GOO							01/1//03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 28 MEDI	LCALL	I NEEDI - NO SOC				O 3 7 TT		~ =	
25 124 5 5 5 5 5			_						HLY AVERA	-	
37,134 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,894	24,553	\$	304 , 628.69	\$	12.41	.661	\$	160.84	\$	8.20
DURABLE MED. EQUIP.	81	234		29,524.11		126.17	.006		364.50		.80
BLOOD BANK	1	10		153.00		15.30	.000		153.00		.00
HEARING AID DISPENSERS	20	32		8,634.72		269.84	.001		431.74		.23
MEDICAL TRANSPORTATION	145	2,740		52,427.27		19.13	.074		361.57		1.41
AMBULANCES/AIR TRANS	121	1,794		33,905.41		18.90	.048		280.21		.91
OTHER TRANS	8	183		433.29		2.37	.005		54.16		.01
OTHER SERVICES	27	763		18,088.57		23.71	.021		669.95		.49
ACUPUNCTURE	1	3		59.47		19.82	.000		59.47		.00
ACOLONCIONE	1	3		39.47		13.04	.000		J 2 • 4 /		.00

ADULT DAY HEALTH CARE CTR	33	386	25,842.78	66.95	.010	783.11	.70
GENETIC DISEASE TESTING	127	127	9,989.00	78.65	.003	78.65	.27
IHMC, MODEL-NF, NF, AIDS, MSSP	47	763	35 , 706.96	46.80	.021	759.72	.96
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	361	811	8,272.89	10.20	.022	22.92	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	2.50	.83	.000	2.50	.00
PROSTHETIST/ORTHOTISTS	36	61	3,804.80	62.37	.002	105.69	.10
PROSTHETICS	32	55	3,587.33	65.22	.001	112.10	.10
ORTHOTICS	4	6	217.47	36.25	.000	54.37	.01
PSYCHOLOGIST	2	18	199.03	11.06	.000	99.52	.01
SPEECH AND AUDIOLOGY	22	30	8,888.41	296.28	.001	404.02	.24
HOSPICE SERVICES	17	382	42,615.85	111.56	.010	2506.81	1.15
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	817	16,192	63 , 900.51	3.95	.436	78.21	1.72
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	232	2,761	14,607.39	5.29	.074	62.96	.39
@CALIF. CHILDREN SERVICES*	118	1,421	\$ 258,076.44	\$ 181.62	.038	\$ 2187.09	\$ 6.95
@XOVER EXCLUDING STATE HOSP**	1,130	6,488	\$ 176,011.35	\$ 27.13	.175	\$ 155.76	\$ 4.74

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,625
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

----- MONTHLY AVERAGE -----152 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 196 2**,**675 248,493.37 \$ 92.89 17.599 \$ 1267.82 \$ 1634.82 25 109 11.14 48.59 \$ @PHYSICIANS SERVICES 1,214.71 .717 \$ 1 .007 OUTPATIENT VISITS 1 22.90 22.90 22.90 .15 22.90 22.90 22.90 OFFICE VISITS .007 .15 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 EMERGENCY ROOM PREVENTIVE CARE .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS 18.90 18.90 .007 18.90 .12 HOSPITAL VISITS 18.90 18.90 .007 18.90 .12 CRITICAL CARE .00 .00 .000 .00 .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 . 00 .000 . 00 .00 .00 .00 .000 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .000 INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 .000 PRINCIPAL SURGEON .00 .00 .00 .00 ASSISTANT SURGEON .00 .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 .00 DIALYSIS .00 .000 .00 PATHOLOGY 38.00 38.00 .007 38.00 .25

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	1	2	38.69	19.35	.013	38.69	.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	23	104	1,096.22	10.54	.684	47.66	7.21
@PHARMACY	110	468 \$	37,491.51	\$ 80.11	3.079	\$ 340.83	\$ 246.65
PRESCRIPTION DRUGS	109	466	37,429.27	80.32	3.066	343.39	246.25
SNF/ICF	52	268	12,441.30	46.42	1.763	239.26	81.85
OUTPATIENTS	63	198	24 , 987.97	126.20	1.303	396.63	164.39
MEDICAL SUPPLIES	1	2	62.24	31.12	.013	62.24	.41
@DENTIST	13	97 \$	2,616.04	\$ 26.97	.638	\$ 201.23	\$ 17.21
VISITS - DIAGNOSTIC	10	31	486.00	15.68	.204	48.60	3.20
ORAL SURGERY	5	38	1,049.00	27.61	.250	209.80	6.90
DRUGS	1	2	15.00	7.50	.013	15.00	.10
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	13	607.00	46.69	.086	202.33	3.99
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	13	459.04	35.31	.086	153.01	3.02
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU I	DEC 2002	PAGE 8,626

01/17/03

AID CODE

----- MONTHLY AVERAGE -----152 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 0 .000 \$ 36.47 \$ 36.47 .00 .24 .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 36.47 .00 .000 36.47 .24 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 .00 VISITS 0 .00 .00 .000 .00 .00 .00 OTHER SERVICES .000 .00 .00 @PODIATRIST 10 10 60.45 6.05 .066 \$ 6.05 \$.40 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 RADIO./PATHOLOGY .000 0 .00 .00 .00 .00 OTHER 10 10 60.45 6.05 .066 6.05 .40 @HOME HEALTH AGENCY 0 0 .00 .00 .000 \$.00 .00 NURSE ANESTHESIST 18 39.55 2.20 .118 \$ 39.55 .26 .00 .00 .000 \$.00 NURSE MIDWIFE 0 .00 .00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$.00 113 @TOTAL HOSPITAL 10,114.23 89.51 .743 \$ 404.57 66.54 HOSP INPATIENT TOTAL 12 8,487.77 184.52 707.31 55.84 .303 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

MOP024

NEVADA COUNTY

INPATIENT CROSSOVERS	12	46		8,487.77		184.52	.303		707.31		55.84
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	14	67		1,626.46		24.28	.441		116.18		10.70
MEDICAL	1	1		56.82		56.82	.007		56.82		.37
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	4		812.58		203.15	.026		812.58		5.35
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	12	62		757.06		12.21	.408		63.09		4.98
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES MONTH	-OF-PAYMENT RE	EPORT	FOR JAN 2002	2 THRU	DEC	2002		E 8,627
MOP024	FEE-FOR-SERVICE/DENTAL									(01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	29 MN	- SOC - A	.GED		AID CODE					
							M	IONT:	HLY AVERA	GE	

152 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE	7.		PEF	R UNIT/DAY	PER ELIG	:	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	25	113	\$	10,114.23	\$	89.51	.743		404.57		66.54
COMM HOSP INPATIENT TOTAL	12	46	'	8,487.77	'	184.52	.303		707.31		55.84
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	12	46		8,487.77		184.52	.303		707.31		55.84
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	14	67		1,626.46		24.28	.441		116.18		10.70
MEDICAL	1	1		56.82		56.82	.007		56.82		.37
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	4		812.58		203.15	.026		812.58		5.35
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	12	62		757.06		12.21	.408		63.09		4.98
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	74	1,624	\$	192,368.36	\$	118.45	10.684	\$	2599.57	\$	1265.58
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	74	1,624		192,368.36		118.45	10.684		2599.57		1265.58
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	_	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	O .		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	ċ	.00	ċ	.00	.000	ċ	.00	ċ	.00
@LABORATORY FACILITY	0	0	\$		\$.00	.000	\$.00	\$.00
PATHOLOGY XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	υ 4	7	\$	1,184.14	\$	169.16	.046	\$	296.04	\$	7.79
CLINIC CLINIC	0	0	۲	.00	۲	.00	.000	۲	.00	۲	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	7		1,184.14		160 16	.000		296 04		7.79
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR									
MOP024	FEE-FOR-SERVICE		CEO FIC	NIII OF TATPENT IX	011.	I FOR OAN 2	002 11110	DEC	. 2002		01/17/03
NEVADA COUNTY		ICES FOR 29 MN -	- 500	- AGED		AID CC	DF.				01/1//03
NEVIDA COUNT	DOIMMING OF BEING	TODO TOR 25 FIN	DOC	11000			M	ГИОІ	HLY AVERA	GE	
152 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVF						
101 22101220	00110	OR DAYS OF CARE		2111 21101 1 011110		R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	21	229		3,367.91							
DURABLE MED. EQUIP.	1	1		81.17		81.17	1.507	7	81.17	7	.53
BLOOD BANK	0	0		.00		.00			.00		.00
	-	3		. 3 0							

HEARING AID DISPENSERS	1	1		25.00	25.00	.007	25.00	.16
MEDICAL TRANSPORTATION	3	162		558.31	3.45	1.066	186.10	3.67
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	1	5		22.85	4.57	.033	22.85	.15
OTHER SERVICES	2	157		535.46	3.41	1.033	267.73	3.52
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	15		998.10	66.54	.099	998.10	6.57
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5	10		130.40	13.04	.066	26.08	.86
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2		1.77	.89	.013	1.77	.01
PROSTHETIST/ORTHOTISTS	1	2		72.20	36.10	.013	72.20	.48
PROSTHETICS	1	2		72.20	36.10	.013	72.20	.48
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	10		1,072.80	107.28	.066	.00	7.06
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	26		428.16	16.47	.171	53.52	2.82
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	78	376	\$	32,534.11	\$ 86.53	2.474	\$ 417.10	\$ 214.04
A* TOTALS IN THESE TIMES ARE CIVEN		TNEODMARTON	TUEM ONLY					

 $[\]ensuremath{\text{@*}}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,629
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

							M	CAHTIC	Y AVERA	GE -	
01 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S COS	ST PER	С	COST PER
		OR DAYS	OF CARE		PER	UNIT/DAY	PER ELIG	Ţ	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	2		6	\$ 790.35	\$	131.73	6.000	\$ 3	395.18	\$	790.35
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0	.00		.00	.000		.00		.00
OFFICE VISITS	0		0	.00		.00	.000		.00		.00
HOME VISITS	0		0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0	.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0	.00		.00	.000		.00		.00
INPATIENT VISITS	0		0	.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0	.00		.00	.000		.00		.00
CRITICAL CARE	0		0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0	.00		.00	.000		.00		.00
EXAMINATIONS	0		0	.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0	.00		.00	.000		.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY											
	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	•									
DIALYSIS	Ü	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	n	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
	0	•	Ċ	790.35	ċ			Ċ		Ċ	
@PHARMACY	2	6	\$		\$	131.73	6.000	\$	395.18	Ş	790.35
PRESCRIPTION DRUGS	1	3		422.11		140.70	3.000		422.11		422.11
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	3		422.11		140.70	3.000		422.11		422.11
MEDICAL SUPPLIES	2	3		368.24		122.75	3.000		184.12		368.24
@DENTIST	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
VISITS - DIAGNOSTIC	0	0	Τ	.00	т	.00	.000	Τ.	.00	Τ.	.00
	0	0									
ORAL SURGERY	U			.00		.00	.000		.00		.00
DRUGS	O	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	n	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	0	0									
DENTURES, STAYPLATES	U	U		.00		.00	.000		.00		.00
SPACE MAINTAINERS	O	O		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDITIC	•	EC MON								
				$A \cap A = A \cap $			יוואוייייי ליחחי	1) H(1	2002	DΖ	CF 8 630
			ES MON	TH-OF-PAYMENT RE	SPOR'	r for Jan 2	2002 THRU	DEC	2002	PA	GE 8,630
MOP024	FEE-FOR-SERVICE	/DENTAL			SPOR'			DEC	2002	PA	GE 8,630 01/17/03
	FEE-FOR-SERVICE				EPOR'	AID CO	DDE				
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 30 MN -		BLIND		AID CO)DE M	ONT	HLY AVERA	GE -	01/17/03
MOP024	FEE-FOR-SERVICE	/DENTAL)DE M	ONT		GE -	
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 30 MN -		BLIND	AVI	AID CO)DE M	ONT S	HLY AVERA	GE -	01/17/03
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE		BLIND	AVI	AID CO	DDE M UNITS/DAY	ONT S	HLY AVERA COST PER	GE -	01/17/03 OST PER LIGIBLE
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0	SOC -	BLIND EXPENDITURES .00	AVI PEI	AID CO ERAGE COST R UNIT/DAY .00	DDE M UNITS/DAY PER ELIG .000	ONT S	HLY AVERA COST PER USER .00	GE - C E	01/17/03 OST PER LIGIBLE .00
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0	SOC -	BLIND EXPENDITURES .00 .00	AVI PEI	AID CO ERAGE COST R UNIT/DAY .00 .00	DDE M UNITS/DAY PER ELIG .000	ONT S	HLY AVERA COST PER USER .00 .00	GE - C E	01/17/03 OST PER LIGIBLE .00 .00
MOP024 NEVADA COUNTY 01 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0	SOC -	BLIND EXPENDITURES .00 .00 .00	AVI PEI	AID CO ERAGE COST R UNIT/DAY .00 .00	DDE M UNITS/DAY PER ELIG .000 .000	ONT S	HLY AVERA COST PER USER .00 .00	GE - C E	01/17/03 OST PER LIGIBLE .00 .00
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0	soc -	BLIND EXPENDITURES .00 .00 .00 .00 .00	AVF PEF \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00	DDE M UNITS/DAY PER ELIG .000 .000 .000	IONT S \$	HLY AVERA COST PER USER .00 .00 .00	GE - C E \$	01/17/03 OST PER LIGIBLE .00 .00 .00
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0	SOC -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00	AVI PEI	AID CO ERAGE COST R UNIT/DAY .00 .00 .00	DDE M UNITS/DAY PER ELIG .000 .000 .000	IONT S \$	HLY AVERA COST PER USER .00 .00 .00 .00	GE - C E	01/17/03 OST PER LIGIBLE .00 .00 .00
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0	soc -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVF PEF \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00	DDE M UNITS/DAY PER ELIG .000 .000 .000 .000	IONT S \$	HLY AVERA COST PER USER .00 .00 .00	GE - C E \$	01/17/03 OST PER LIGIBLE .00 .00 .00
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0	soc -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00	AVF PEF \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00	DDE M UNITS/DAY PER ELIG .000 .000 .000	IONT S \$	HLY AVERA COST PER USER .00 .00 .00 .00	GE - C E \$	01/17/03 OST PER LIGIBLE .00 .00 .00
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0	soc -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVF PEF \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00	DDE M UNITS/DAY PER ELIG .000 .000 .000 .000	IONT S \$	HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - C E \$	01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0	SOC -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00	DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	IONT S \$	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE - E \$	01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0	SOC -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - E \$	01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00	DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - E \$	01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - E \$	01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - CE S S	01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PEF \$ \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - E \$	01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - CE S S	01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 01 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PEF \$ \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$ \$	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - CE	01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 01 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVH PEF \$ \$ \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S \$ \$ \$ \$	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE \$ \$ \$ \$ \$\$\$	01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$ \$ \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S SSSS	01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEF \$ \$ \$ \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S SSSS	01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVF PEF \$ \$ \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S SSSS	01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEF \$ \$ \$ \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S SSSS	01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 01 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVI PEF \$ \$ \$ \$	AID CO ERAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S SSSS	01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
-	0	0 \$.00	.00	.000 \$.00	.00
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	Ü	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MONT	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 8,631
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 30 MN - SOC -	BLIND	AID CC	DE		
					MONT	HLY AVERA	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	Ö	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	Ö	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
10011 001	•	· ·	• 0 0	• 0 0		.00	• 0 0

CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-OF	-PAYMENT RE	PORT :	FOR JAN 2002	2 THRU	DEC 20	002	PAGE	8,632
MOP024	FEE-FOR-SERVICE/DENTAL									01	1/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	30 MN -	- SOC - BLIN	D		AID CODE					

	MONTHLY AVERAGE	

					MON	ITTLI AVERAG	E
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	6 \$	790.35	\$ 131.73	6.000 \$	395.18	\$ 790.35
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPAR	RATE INFORMATION ITEM ON	II.Y:				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,633 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 NEVADA COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

						MOI	NTHLY AVERA	GE
226 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	301	3 , 383	\$	317,781.09	\$ 93.93	14.969	1055.75	\$ 1406.11
@PHYSICIANS SERVICES	82	359	\$	15,590.04	\$ 43.43	1.588	190.12	\$ 68.98
OUTPATIENT VISITS	32	52		2,430.52	46.74	.230	75.95	10.75
OFFICE VISITS	22	33		1,066.66	32.32	.146	48.48	4.72
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	11	16		1,284.66	80.29	.071	116.79	5.68
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3		79.20	26.40	.013	26.40	.35
INPATIENT VISITS	11	31		2,038.97	65.77	.137	185.36	9.02
HOSPITAL VISITS	11	24		1,187.77	49.49	.106	107.98	5.26
CRITICAL CARE	1	7		851.20	121.60	.031	851.20	3.77
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	9	35		4,650.10		132.86	.155		516.68		20.58
PRINCIPAL SURGEON	6	7		3,499.11		499.87	.031		583.19		15.48
ASSISTANT SURGEON	1	1		207.00		207.00	.004		207.00		.92
ANESTHESIOLOGIST	1	27		943.99		34.96	.119		236.00		4.18
	4										
OUTPATIENT SURGERY	4	8		618.51		77.31	.035		154.63		2.74
PRINCIPAL SURGEON	4	5		538.51		107.70	.022		134.63		2.38
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	3		80.00		26.67	.013		80.00		.35
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	12	20		472.85		23.64	.088		39.40		2.09
RADIOLOGY	23	83		2,360.54		28.44	.367		102.63		10.44
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	3		33.00		11.00	.013		16.50		.15
OTHER SERVICES/ALL X-OVERS	46	127		2,985.55		23.51	.562		64.90		13.21
	210	2,034	Ċ		Ċ	86.70		ċ		ċ	780.26
@PHARMACY		•	\$	176,338.71	\$		9.000	Þ		Þ	
PRESCRIPTION DRUGS	208	1,013		173,213.08		170.99	4.482		832.76		766.43
SNF/ICF	10	64		13,107.04		204.80	.283		1310.70		58.00
OUTPATIENTS	199	949		160,106.04		168.71	4.199		804.55		708.43
MEDICAL SUPPLIES	9	1,021		3,125.63		3.06	4.518		347.29		13.83
@DENTIST	24	157	\$	10,894.00	\$	69.39	.695	\$	453.92	\$	48.20
VISITS - DIAGNOSTIC	13	53		712.00		13.43	.235		54.77		3.15
ORAL SURGERY	4	47		1,739.00		37.00	.208		434.75		7.69
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	2		200.00		100.00	.009		200.00		.88
PERIODONTICS	1	1		200.00		200.00	.004		200.00		.88
	1	10									
ENDODONTICS	6			1,918.00		191.80	.044		319.67		8.49
RESTORATIVE DENTISTRY	6	33		3,750.00		113.64	.146		625.00		16.59
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	5	11		2,375.00		215.91	.049		475.00		10.51
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAI SERVI	•	BEC N	ONTH-OF-PAYMENT RI	FPORT)FC		Þ	AGE 8,634
MOP024	FEE-FOR-SERVICE		KES I	IONIII OF TATABNI N	DI OIVI	FOR OAN 2	2002 11110 1		2002	Τ.	01/17/03
			000	, DICADIED A	TD 00	DEC CE C7	CTvT				01/1//03
NEVADA COUNTY	SUMMARY OF SER	VICES FOR 31 MN	- 500	C - DISABLED A	ID CO	DES 03 07				C T	
006			_				MC				
226 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS	3 (COST PER
		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	13	38	\$	701.50	\$	18.46	.168	\$	53.96	\$	3.10
DIAGNOSTIC AND ANC. PROCED	3	3		131.84		43.95	.013		43.95		.58
EYE APPLIANCES	10	32		502.11		15.69	.142		50.21		2.22
OTHER OPTOMETRIC SERVICES	4	3		67.55		22.52	.013		16.89		.30
@CHIROPRACTOR	1	1	Ś	5.74	Ś	5.74		Ś	5.74	Ś	.03
VISITS	0	0	-T	.00	т.	.00	.000	7	.00	т.	.00
	1	1		5.74		5.74	.004		5.74		
OTHER SERVICES	7		~		ć			ċ		ċ	.03
@PODIATRIST	2	3	\$	31.72	\$	10.57	.013	Ş	15.86	Ą	.14
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	3		31.72		10.57	.013		15.86		.14
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		.00	\$.00

EXAMINATIONS

0

0

.00

.000 .00

.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00		.00	
@TOTAL HOSPITAL	68	446	\$	92,880.35	\$	208.25	1.973	Ś	1365.89	Ś	410.98	
HOSP INPATIENT TOTAL	14	82		81,002.35	'	987.83	.363		5785.88		358.42	
HSC HOSPITALS	3	38		43,381.00		1141.61	.168		14460.33		191.95	
NON-HSC HOSPITAL TOTAL	7	26		34,626.00		1331.77	.115		4946.57		153.21	
ACCOMMODATIONS	7	26		10,647.15		409.51	.115		1521.02		47.11	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	7	26		10,647.15		409.51	.115		1521.02		47.11	
ANCILLARIES	7	0		23,978.85		.00	.000		3425.55		106.10	
INPATIENT CROSSOVERS	4	18		2,995.35		166.41	.080		748.84		13.25	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
HOSP OUTPATIENT TOTAL	56	364		11,878.00		32.63	1.611		212.11		52.56	
MEDICAL	12	18		564.92		31.38	.080		47.08		2.50	
SURGERY	2	2		50.37		25.19	.009		25.19		.22	
PATHOLOGY	17	91		1,323.55		14.54	.403		77.86		5.86	
RADIOLOGY	13	43		5,639.67		131.16	.190		433.82		24.95	
ROOM USE	15	20		681.93		34.10	.088		45.46		3.02	
CROSSOVERS/ALL OTH OUTPINT	34	190		3,617.56		19.04	.841		106.40		16.01	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	0	0		.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00	
MEDICAL	0	0		.00		.00	.000		.00		.00	
SURGERY	0	0		.00		.00	.000		.00		.00	
PATHOLOGY	0	0		.00		.00	.000		.00		.00	
RADIOLOGY	0	0		.00		.00	.000		.00		.00	
ROOM USE	0	0		.00		.00	.000		.00		.00	
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC	2002	PA	AGE 8,635	
MOP024	FEE-FOR-SERVICE/	DENTAL									01/17/03	
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR 31 MN -	- SOC	- DISABLED A	ID C	ODES 65 67	7 6W					
							M	ONT	HLY AVERA	GE -		
226 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER	

OR DAYS OF CARE PER UNIT/DAY PER ELIG 68 92,880.35 \$ 208.25 1.973 \$ 1365.89 \$ 410.98 @COMMUNITY HOSPITAL TOTAL 446 \$.365 .168 .115 COMM HOSP INPATIENT TOTAL 14 82 987.83 81,002.35 5785.88 358.42 3 38 HSC HOSPITALS 43,381.00 1141.61 14460.33 191.95 NON-HSC HOSPITALS TOTAL 7 26 34,626.00 1331.77 4946.57 153.21 26 10,647.15 409.51 1521.02 47.11 ACCOMMODATIONS ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 7 26 409.51 .115 10,647.15 1521.02 ALL OTHER ACCOM 47.11 7 3425.55 ANCILLARIES 0 23,978.85 .00 .000 106.10 748.84 INPATIENT CROSSOVERS 18 2,995.35 166.41 .080 13.25 ALL OTHER INPATIENT .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	56	364		11,878.00		32.63	1.611		212.11		52.56
MEDICAL	12	18		564.92		31.38	.080		47.08		2.50
SURGERY	2	2		50.37		25.19	.009		25.19		.22
PATHOLOGY	17	91		1,323.55		14.54	.403		77.86		5.86
RADIOLOGY	13	43		5,639.67		131.16	.190		433.82		24.95
ROOM USE	15	20		681.93		34.10	.088		45.46		3.02
CROSSOVERS/ALL OTH OUTPTNT	34	190		3,617.56		19.04	.841		106.40		16.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	5	121	\$	11,715.97	\$	96.83	.535	\$	2343.19	\$	51.84
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	121		11,715.97		96.83	.535		2343.19		51.84
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	7	.00	- T	.00	.000	т.	.00	-	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ġ	.00
HOSPITAL BASED	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		\$			ċ	.00	Ċ	.00
•	0	0	Ą	.00	Ą	.00	.000	Ş	.00	Ş	
HOSPITAL BASED	0	•		.00		.00	.000				.00
INDEPENDENT FACILITY	0	0	^	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@LABORATORY FACILITY	0	•	\$.00	\$.00	.000	Ş	.00	\$.00
PATHOLOGY	U	0		.00		.00	.000		.00		.00
XO AND OTHERS	U	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	/	11	\$	1,154.79	\$	104.98	.049	Ş	164.97	Ş	5.11
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	11		1,154.79		104.98	.049		164.97		5.11
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	RES MO	NTH-OF-PAYMENT F	REPORT	r for Jan	2002 THRU	DEC	2002	PA	GE 8,636
MOP024	FEE-FOR-SERVICE										01/17/03
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR 31 MN -	- SOC	- DISABLED A	AID CO	DDES 65 67	6W				
							M			GE -	
226 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES			UNITS/DAY				OST PER
		OR DAYS OF CARE					PER ELIG		USER	_	LIGIBLE
@ALL OTHER PROVIDERS	36	213	\$	8,468.27	\$	39.76	.942	\$	235.23	\$	37.47
DURABLE MED. EQUIP.	5	17		884.51		52.03	.075		176.90		3.91
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	5	113		629.38		5.57	.500		125.88		2.78
AMBULANCES/AIR TRANS	3	32		482.73		15.09	.142		160.91		2.14
OTHER TRANS	2	81		146.65		1.81	.358		73.33		.65
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	14	48		6,362.00		132.54	.212		454.43		28.15
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	9	24		322.00		13.42	.106		35.78		1.42
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
	· ·	9		.00		• • •	• • • •		• • • •		

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	11	270.38	24.58	.049	67.60	1.20
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	60	1,164	\$ 8,752.19	\$ 7.52	5.150	\$ 145.87	\$ 38.73

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,637 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 NEVADA COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	NTHLY AVERA	GE	
167 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST P	ER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIB	LE
@TOTAL, ALL PROVIDERS	252	1,784	\$	213,700.56	\$ 119.79	10.683	\$ 848.02	\$ 1279.	64
@PHYSICIANS SERVICES	125	547	\$	23,934.72	\$ 43.76	3.275	191.48	\$ 143.	32
OUTPATIENT VISITS	66	100		4,218.31	42.18	.599	63.91	25.	26
OFFICE VISITS	28	45		1,320.68	29.35	.269	47.17	7.	91
HOME VISITS	0	0		.00	.00	.000	.00		00
EMERGENCY ROOM	40	54		2,867.63	53.10	.323	71.69	17.	17
PREVENTIVE CARE	0	0		.00	.00	.000	.00		00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	1	1		30.00		30.00	.006		30.00		.18
INPATIENT VISITS	14	51		2,425.38		47.56	.305		173.24		14.52
HOSPITAL VISITS	1.3	48		2,185.98		45.54	.287		168.15		13.09
CRITICAL CARE	1	3		239.40		79.80	.018		239.40		1.43
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		3.06		3.06	.000		3.06		.02
	1	1		3.06		3.06	.000		3.06		.02
EXAMINATIONS	1	1									
SERVICES AND MATERIALS	U	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	14 6	84		7,317.54		87.11	.503		522.68		43.82
PRINCIPAL SURGEON	6	8		5,551.53		693.94	.048		925.26		33.24
ASSISTANT SURGEON	1	1		374.53		374.53	.006		374.53		2.24
ANESTHESIOLOGIST	8	75		1,391.48		18.55	. 449		173.94		8.33
OUTPATIENT SURGERY	14	42		2,328.17		55.43	.251		166.30		13.94
PRINCIPAL SURGEON	8	10		1,540.78		154.08	.060		192.60		9.23
ASSISTANT SURGEON	1	1		134.77		134.77	.006		134.77		.81
ANESTHESIOLOGIST	6	31		652.62		21.05	.186		108.77		3.91
DIALYSIS	1	1		56.60		56.60	.006		56.60		.34
PATHOLOGY	17	40		1,125.32		28.13	.240		66.20		6.74
RADIOLOGY	38	92		2,744.76		29.83	.552		72.23		16.44
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	10	38		293.89		7.73	.228		29.39		1.76
OTHER SERVICES/ALL X-OVERS	38	98		3,421.69		34.92	.587		90.04		20.49
@PHARMACY	46	134	\$	19,618.86	\$	146.41	.802	\$	426.50	\$	117.48
PRESCRIPTION DRUGS	46	134		19,618.86		146.41	.802		426.50		117.48
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	46	134		19,618.86		146.41	.802		426.50		117.48
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	20	102	\$	5,707.55	\$	55.96	.613	. \$	285.38	\$	34.18
VISITS - DIAGNOSTIC	10	44		511.00		11.61	.263		51.10		3.06
ORAL SURGERY	3	5		161.00		32.20	.030		53.67		.96
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	2		100.00		50.00	.012		100.00		.60
PERIODONTICS	1	1		.00		.00	.006		.00		.00
ENDODONTICS	2	2		196.00		98.00	.012		98.00		1.17
RESTORATIVE DENTISTRY	8	39		3,628.55		93.04	.234		453.57		21.73
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	8		311.00		38.88	.048		311.00		1.86
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.006		800.00		4.79
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	-	RES I		E.PORT					Ρī	AGE 8,638
MOP024	FEE-FOR-SERVICE/DEN		1,110 1			I ION OAN	2002 1111((2002	± <i>I</i>	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES		- 90	C - FAMILIES AID CO	ODF "	5R 6R 37					01/1//05
MEAUDY COOMIT	POLITICAL OF SERVICES	1 OIN JZ 1911V	200	C LUMITIES WID CO	UDE .) 1				C F	

----- MONTHLY AVERAGE -----167 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 15 \$ 355.56 23.70 .090 \$ 88.89 \$ 2.13 4 DIAGNOSTIC AND ANC. PROCED 189.80 47.45 .024 47.45 1.14 4 EYE APPLIANCES 11 165.76 15.07 .066 41.44 .99 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 .000 .00 .000 \$.00 \$.00 \$.00 @CHIROPRACTOR VISITS 0 .00 .00 .000 .00 .00 .000 OTHER SERVICES 0 0 .00 .00 .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	3	15	\$	663.03	\$	44.20	.090	\$ 221.01	Ś	3.97
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00
	0	0	\$.00		•		
NURSE MIDWIFE	•		ې م	.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	•		.00
FAMILY NURSE PRACTITIONER	1	3	\$	37.10	\$			\$ 37.10		.22
@TOTAL HOSPITAL	113	658	\$	152,614.46	\$	231.94	3.940	\$ 1350.57	\$	913.86
HOSP INPATIENT TOTAL	20	76		130,018.97		1710.78	.455	6500.95		778.56
HSC HOSPITALS	6	37		39,626.92		1071.00	.222	6604.49		237.29
NON-HSC HOSPITAL TOTAL	15	39		90,392.05		2317.74	.234	6026.14		541.27
ACCOMMODATIONS	15	39		11,468.89		294.07	.234	764.59		68.68
	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	•									
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	15	39		11,468.89		294.07	.234	764.59		68.68
ANCILLARIES	15	0		78 , 923.16		.00	.000	5261.54		472.59
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	96	582		22,595.49		38.82	3.485	235.37		135.30
MEDICAL	22	27		859.04		31.82	.162	39.05		5.14
SURGERY	19	22		430.45		19.57	.132	22.66		2.58
	44	170				11.32	1.018	43.73		11.52
PATHOLOGY				1,924.19						
RADIOLOGY	45	77		4,453.55		57.84	.461	98.97		26.67
ROOM USE	64	121		3,701.27		30.59	.725	57.83		22.16
CROSSOVERS/ALL OTH OUTPTNT	47	165		11,226.99		68.04	.988	238.87		67.23
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
	0	0								
TRANSITIONAL IP CARE				.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00		.00		
CROSSOVERS/ALL OTH OUTPTNT			EG 1401				.000		_	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AN FEE-FOR-SERVICE/DENT		ES MOI	NTH-OF-PAYMENT R	EPORT	' FOR JAN 2	2002 THRU D	±C 2002	Ρ.	AGE 8,639 01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES	FOR 32 MN -	SOC -	- FAMILIES AID C	ODE 5	5R 6R 37				
								NTHLY AVERA		
167 ELIGIBLES		S OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	113	658	\$	152,614.46		231.94		\$ 1350.57	\$	
COMM HOSP INPATIENT TOTAL	20	76		130,018.97		1710.78	.455	6500.95		778.56
HCC HOCDIMATC	6	27		30 626 02		1071 00	222	6604 40		227 20

37

39

39

6

15

15

HSC HOSPITALS

ACCOMMODATIONS

NON-HSC HOSPITALS TOTAL

39,626.92 90,392.05 11,468.89

1071.00 2317.74

294.07

.222

.234

.234

6604.49

6026.14

764.59

237.29

541.27

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	15	39		11,468.89		294.07	.234		764.59		68.68
ANCILLARIES	15	0		78,923.16		.00	.000		5261.54		472.59
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	96	582		22,595.49		38.82	3.485		235.37		135.30
MEDICAL	22	27		859.04		31.82	.162		39.05		5.14
SURGERY	19	22		430.45		19.57	.132		22.66		2.58
PATHOLOGY	44	170		1,924.19		11.32	1.018		43.73		11.52
RADIOLOGY	45	77		4,453.55		57.84	.461		98.97		26.67
ROOM USE	64	121		3,701.27		30.59	.725		57.83		22.16
CROSSOVERS/ALL OTH OUTPINT	47	165		11,226.99		68.04	.988		238.87		67.23
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	25	\$	183.95	\$	7.36	.150	\$	36.79	\$	1.10
PATHOLOGY	5	25		183.95		7.36	.150		36.79		1.10
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	16	27	\$	3,002.14	\$	111.19	.162	\$	187.63	\$	17.98
CLINIC	2	3		227.64		75.88	.018		113.82		1.36
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	1	4		58.40		14.60	.024		58.40		.35
RURAL HEALTH CLINIC	13	20		2,716.10		135.81	.120		208.93		16.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 8,640
MOP024	FEE-FOR-SERVICE/DENT	AL									01/17/03
NELLY DA COLLIERA	CINALIDII OF CERTIFICES	EOD 20 101	~~~	E314TTTEG 3 TD G	0 D T .	D CD 27					

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 167 ELIGIBLES USERS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 258 \$ 7,583.19 \$ 29.39 1.545 \$ 361.10 \$ 45.41 @ALL OTHER PROVIDERS 21 4.33 .048 34.64 .00 .000 .000 .00 .000 .00 28.72 .868 378.56 16.42 .862 214.93 .00 .000 .000 1800.00 .006 1800.00 8 DURABLE MED. EQUIP. 1 34.64 .21 .00 0 0 .00 BLOOD BANK 0 0 .00 .00 HEARING AID DISPENSERS 28.72 2,364.18 16.40 11 145 4,164.18 MEDICAL TRANSPORTATION 24.94 144 11 14.16 AMBULANCES/AIR TRANS .00 .00 OTHER TRANS 0 0 1 1,800.00 10.78 OTHER SERVICES 1 ACUPUNCTURE .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

NEVADA COUNTY

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		00
OPTICIAN	3	6	55.20	9.20	.036	18.40	•	33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		00
PROSTHETICS	0	0	.00	.00	.000	.00		00
ORTHOTICS	0	0	.00	.00	.000	.00		00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		00
HOSPICE SERVICES	1	59	3,158.57	53.54	.353	3158.57	18.	91
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		00
LOCAL EDUCATION AGENCIES	5	40	170.60	4.27	.240	34.12	1.	02
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		00
@CALIF. CHILDREN SERVICES*	2	5	\$ 3,423.72	\$ 684.74	.030	\$ 1711.86	\$ 20.	50
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.	00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,641 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

					MOI	NTHLY AVERA	GE
546 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	751	7,848 \$	780,765.37	\$ 99.49	14.374	\$ 1039.63	\$ 1429.97
@PHYSICIANS SERVICES	232	1,015 \$	40,739.47	\$ 40.14	1.859	\$ 175.60	\$ 74.61
OUTPATIENT VISITS	99	153	6,671.73	43.61	.280	67.39	12.22
OFFICE VISITS	51	79	2,410.24	30.51	.145	47.26	4.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	51	70	4,152.29	59.32	.128	81.42	7.60
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	109.20	27.30	.007	27.30	.20
INPATIENT VISITS	26	83	4,483.25	54.02	.152	172.43	8.21
HOSPITAL VISITS	25	73	3,392.65	46.47	.134	135.71	6.21
CRITICAL CARE	2	10	1,090.60	109.06	.018	545.30	2.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	3.06	3.06	.002	3.06	.01
EXAMINATIONS	1	1	3.06	3.06	.002	3.06	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	23	119	11,967.64	100.57	.218	520.33	21.92
PRINCIPAL SURGEON	12	15	9,050.64	603.38	.027	754.22	16.58
ASSISTANT SURGEON	2	2	581.53	290.77	.004	290.77	1.07
ANESTHESIOLOGIST	12	102	2,335.47	22.90	.187	194.62	4.28
OUTPATIENT SURGERY	18	50	2,946.68	58.93	.092	163.70	5.40
PRINCIPAL SURGEON	12	15	2 , 079.29	138.62	.027	173.27	3.81
ASSISTANT SURGEON	1	1	134.77	134.77	.002	134.77	.25
ANESTHESIOLOGIST	7	34	732.62	21.55	.062	104.66	1.34
DIALYSIS	1	1	56.60	56.60	.002	56.60	.10
PATHOLOGY	30	61	1,636.17	26.82	.112	54.54	3.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	62	177		5,143.99		29.06	.324		82.97		9.42
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	12	41		326.89		7.97	.075		27.24		.60
OTHER SERVICES/ALL X-OVERS	107	329		7,503.46		22.81	.603		70.13		13.74
@PHARMACY	368	2,642	\$	234,239.43	\$	88.66	4.839	\$	636.52	\$	429.01
PRESCRIPTION DRUGS	364	1,616		230,683.32		142.75	2.960		633.75		422.50
SNF/ICF	62	332		25,548.34		76.95	.608		412.07		46.79
OUTPATIENTS	309	1,284		205,134.98		159.76	2.352		663.87		375.71
MEDICAL SUPPLIES	12	1,026		3,556.11		3.47	1.879		296.34		6.51
@DENTIST	57	356	\$	19,217.59	\$	53.98	.652	\$	337.15	\$	35.20
VISITS - DIAGNOSTIC	33	128		1,709.00		13.35	.234		51.79		3.13
ORAL SURGERY	12	90		2,949.00		32.77	.165		245.75		5.40
DRUGS	1	2		15.00		7.50	.004		15.00		.03
ANESTHESIA	2	4		300.00		75.00	.007		150.00		.55
PERIODONTICS	2	2		200.00		100.00	.004		100.00		.37
ENDODONTICS	8	12		2,114.00		176.17	.022		264.25		3.87
RESTORATIVE DENTISTRY	17	85		7,985.55		93.95	.156		469.74		14.63
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	9	32		3,145.04		98.28	.059		349.45		5.76
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.002		800.00		1.47
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		JRES 1	MONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2002 THRU	DEC	2002	P <i>I</i>	AGE 8,642
		•	\T \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	LY NEEDY COC							01/17/03
NEVADA COUNTY	SUMMARY OF SERV	/ICES FOR 33 MEI)TCALI	LY NEEDY - SOC						CE	
546 FLICIBLES	HEFFE	INTTS OF SERVICE	T	FADEMULLIBEC	71 7 7	EDACE COC	M M עבת/פדדמוו די				COST PER

						11011	ITITLE AVEIVA	OLI
546 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	18	53	\$	1,093.53	\$ 20.63	.097 \$	60.75	\$ 2.00
DIAGNOSTIC AND ANC. PROCED	7	7		321.64	45.95	.013	45.95	.59

EYE APPLIANCES	14	43		667.87		15.53	.079		47.71		1.22
OTHER OPTOMETRIC SERVICES	5	3		104.02		34.67	.005		20.80		.19
@CHIROPRACTOR	1	1	\$	5.74	\$	5.74	.002	\$	5.74	\$.01
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		5.74		5.74	.002		5.74		.01
@PODIATRIST	12	13	\$	92.17	\$	7.09	.024	\$	7.68	\$.17
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	12	13		92.17		7.09	.024		7.68		.17
@HOME HEALTH AGENCY	3	15	\$	663.03	\$	44.20	.027		221.01		1.21
NURSE ANESTHESIST	1	18	\$	39.55	\$	2.20	.033	\$	39.55	\$.07
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$		\$.00
FAMILY NURSE PRACTITIONER	1	3	\$	37.10	\$	12.37		\$	37.10	\$.07
@TOTAL HOSPITAL	206	1,217	\$	255,609.04	\$		2.229	\$	1240.82	\$	468.15
HOSP INPATIENT TOTAL	46	204		219,509.09		1076.02	.374		4771.94		402.03
HSC HOSPITALS	9	75		83,007.92		1106.77	.137		9223.10		152.03
NON-HSC HOSPITAL TOTAL	22	65		125,018.05		1923.35	.119		5682.64		228.97
ACCOMMODATIONS	22	65		22,116.04		340.25	.119		1005.27		40.51
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	22	65		22,116.04		340.25	.119		1005.27		40.51
ANCILLARIES	22	0		102,902.01		.00	.000		4677.36		188.47
INPATIENT CROSSOVERS	16	64		11,483.12		179.42	.117		717.70		21.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	166	1,013		36,099.95		35.64	1.855		217.47		66.12
MEDICAL	35	46		1,480.78		32.19	.084		42.31		2.71
SURGERY	21	2,4		480.82		20.03	.044		22.90		.88
PATHOLOGY	61	261		3,247.74		12.44	.478		53.24		5.95
RADIOLOGY	59	124		10,905.80		87.95	.227		184.84		19.97
ROOM USE	79	141		4,383.20		31.09	.258		55.48		8.03
CROSSOVERS/ALL OTH OUTPINT	93	417		15,601.61		37.41	.764		167.76		28.57
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC	2002	PP	GE 8,643
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/17/03
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR 33 MED	ICALL	Y NEEDY - SOC							
							M			GE -	
546 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COS'	T UNITS/DAY	S	COST PER	C	OST PER

546 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE	7.		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	206	1,217	\$	255,609.04	\$	210.03			1240.82		468.15
COMM HOSP INPATIENT TOTAL	46	204	·	219,509.09		1076.02	.374		4771.94		402.03
HSC HOSPITALS	9	75		83,007.92		1106.77	.137		9223.10		152.03
NON-HSC HOSPITALS TOTAL	22	65		125,018.05		1923.35	.119		5682.64		228.97
ACCOMMODATIONS	22	65		22,116.04		340.25	.119		1005.27		40.51
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	22	65		22,116.04		340.25	.119		1005.27		40.51
ANCILLARIES	22	0		102,902.01		.00	.000		4677.36		188.47
INPATIENT CROSSOVERS	16	64		11,483.12		179.42	.117		717.70		21.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	166	1,013		36,099.95		35.64	1.855		217.47		66.12
MEDICAL	35	46		1,480.78		32.19	.084		42.31		2.71
SURGERY	21	24		480.82		20.03	.044		22.90		.88
PATHOLOGY	61	261		3,247.74		12.44	.478		53.24		5.95
RADIOLOGY	59	124		10,905.80		87.95	.227		184.84		19.97
ROOM USE	79	141		4,383.20		31.09	.258		55.48		8.03
CROSSOVERS/ALL OTH OUTPINT	93	417		15,601.61		37.41	.764		167.76		28.57
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	79	1,745	\$	204,084.33	\$	116.95	3.196	\$	2583.35	\$	373.78
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	79	1,745		204,084.33		116.95	3.196		2583.35		373.78
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	_	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	5	0	Ċ	.00	Ċ	.00	.000	ċ	.00	<u>_</u>	.00
@LABORATORY FACILITY	5 5	25 25	\$	183.95 183.95	\$	7.36	.046	Ş	36.79 36.79	Þ	.34
PATHOLOGY XO AND OTHERS	0	25		.00		7.36	.046		.00		.00
@ORGANIZED OUTPATIENT CLINIC	27	45	\$	5,341.07	\$	118.69	.082	Ċ	197.82	ċ	9.78
CLINIC CLINIC	2	3	Ą	227.64	Ÿ	75.88	.005	ې	113.82	۲	.42
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	1	4		58.40		14.60	.007		58.40		.11
RURAL HEALTH CLINIC	24	38				133.03			210.63		9.26
			SES M	ONTH-OF-PAYMENT R						D	AGE 8,644
MOP024	FEE-FOR-SERVICE		CDO II		DI OI(I	. 1010 07110 2	2002 11110	рцс	2002	Ι.	01/17/03
NEVADA COUNTY		ICES FOR 33 MEDI	CAT.T.	Y NEEDY - SOC							01/11/03
NEVIIBII OCCIVII	DOINGING OF BEILV	1010 1010 00 1110		1 11221 200			M	ОИТ	HLY AVERA	GE	
546 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVF	RAGE COST					COST PER
7-7-221012220	00210	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	78	700		19,419.37					248.97		
DURABLE MED. EQUIP.	7	26	'	1,000.32	'	38.47			142.90		1.83
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	-	3		. 3 0							

HEARING AID DISPENSERS	1	1		25.00	2	25.00	.002	25.00	.05
MEDICAL TRANSPORTATION	19	420		5,351.87	1	L2.74	.769	281.68	9.80
AMBULANCES/AIR TRANS	14	176		2,846.91	1	16.18	.322	203.35	5.21
OTHER TRANS	3	86		169.50		1.97	.158	56.50	.31
OTHER SERVICES	3	158		2,335.46	1	L4.78	.289	778.49	4.28
ACUPUNCTURE	0	0		.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	15		998.10	6	56.54	.027	998.10	1.83
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	14	48		6,362.00	13	32.54	.088	454.43	11.65
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00	.00
OPTICIAN	17	40		507.60	1	L2.69	.073	29.86	.93
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00	.00
PORTABLE X-RAY	1	2		1.77		.89	.004	1.77	.00
PROSTHETIST/ORTHOTISTS	1	2		72.20	3	36.10	.004	72.20	.13
PROSTHETICS	1	2		72.20	3	36.10	.004	72.20	.13
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00	.00
HOSPICE SERVICES	1	69		4,231.37	6	51.32	.126	4231.37	7.75
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	40		170.60		4.27	.073	34.12	.31
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	12	37		698.54		18.88	.068	58.21	1.28
@CALIF. CHILDREN SERVICES*	4	11	\$	4,214.07			.020		
@XOVER EXCLUDING STATE HOSP**	138	1,540	Ś	41,286.30	\$ 2	26.81	2.821	\$ 299.18	\$ 75.62

^{0*} Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,645
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

					MO	NTHLY AVERA	GE
2,933 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,816	102,737 \$	8,724,392.95	\$ 84.92	35.028	\$ 3098.15	\$ 2974.56
@PHYSICIANS SERVICES	187	345 \$	5,479.26	\$ 15.88	.118	\$ 29.30	\$ 1.87
OUTPATIENT VISITS	1	1	108.08	108.08	.000	108.08	.04
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.000	108.08	.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	15	19	554.53	29.19	.006	36.97	.19
HOSPITAL VISITS	1	3	155.70	51.90	.001	155.70	.05
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	14	16	398.83	24.93	.005	28.49	.14
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		6.92		6.92	.000		6.92		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	174	324		4,809.73		14.84	.110		27.64		1.64
@PHARMACY	2,294	17,469	\$	646,308.32	\$	37.00	5.956	Ċ		Ċ	220.36
	2,294	14,932	Ÿ	640,140.60	Ÿ	42.87	5.091	Y	280.03	Y	218.25
PRESCRIPTION DRUGS SNF/ICF				•		43.40			286.03		216.25
- , -	2,116	13,944		605,236.58			4.754				
OUTPATIENTS	234	988		34,904.02		35.33	.337		149.16		11.90
MEDICAL SUPPLIES	91	2,537		6,167.72		2.43	.865		67.78		2.10
@DENTIST	153	328	\$	11,489.50	\$	35.03	.112	Ş	75.09	Ş	3.92
VISITS - DIAGNOSTIC	133	246		5,146.50		20.92	.084		38.70		1.75
ORAL SURGERY	15	35		1,096.00		31.31	.012		73.07		.37
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		260.00		260.00	.000		260.00		.09
RESTORATIVE DENTISTRY	9	22		1,117.00		50.77	.008		124.11		.38
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	17	24		3,840.00		160.00	.008		225.88		1.31
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
•	0	0		.00							
ORTHODONTIC SERVICES						.00	.000		.00		.00
ATT OBUIDD CODITIONS		1 OD									
ALL OTHER SERVICES	0	1CR	TO 14	.00		.00	.000	D=0	.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES MO		EPORT			DEC		Р	AGE 8,646
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITUR C/DENTAL		ONTH-OF-PAYMENT RE	EPORI	r for Jan 2	2002 THRU	DEC		Р	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITUR		ONTH-OF-PAYMENT RE	EPORT		2002 THRU		2002		AGE 8,646 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITUR C/DENTAL VICES FOR 34 MN -	LTNO	ONTH-OF-PAYMENT RE		FOR JAN 2	2002 THRU DDE M	ONT	2002 HLY AVERA	\GE	AGE 8,646 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITUR C/DENTAL	LTNO	ONTH-OF-PAYMENT RE		r for Jan 2	2002 THRU DDE M	ONT	2002 HLY AVERA	\GE	AGE 8,646 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITUR C/DENTAL VICES FOR 34 MN -	LTNO	ONTH-OF-PAYMENT RE G - AGED EXPENDITURES	AVE	F FOR JAN 2 AID CO ERAGE COST R UNIT/DAY	2002 THRU DDE M UNITS/DAY PER ELIG	ONT S	2002 HLY AVERA COST PER USER	\GE	AGE 8,646 01/17/03 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	EES AND EXPENDITUR C/DENTAL VICES FOR 34 MN - UNITS OF SERVICE	LTNO	ONTH-OF-PAYMENT RE	AVE	F FOR JAN 2 AID CO ERAGE COST	2002 THRU DDE M UNITS/DAY	ONT S	2002 HLY AVERA COST PER	\GE	AGE 8,646 01/17/03 COST PER
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARE	LTNO	ONTH-OF-PAYMENT RE G - AGED EXPENDITURES	AVE PEF	F FOR JAN 2 AID CO ERAGE COST R UNIT/DAY	2002 THRU DDE M UNITS/DAY PER ELIG	ONT S	2002 HLY AVERA COST PER USER	\GE	AGE 8,646 01/17/03 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITURED TO THE CONTROL OF SERVICE OR DAYS OF CARE 44	LTNO	ONTH-OF-PAYMENT RE G - AGED EXPENDITURES 764.79	AVE PEF	F FOR JAN 2 AID CO ERAGE COST R UNIT/DAY 17.38	2002 THRU DDE M UNITS/DAY PER ELIG .015	ONT S	2002 HLY AVERA COST PER USER 40.25	\GE	AGE 8,646 01/17/03 COST PER ELIGIBLE .26
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 1	CES AND EXPENDITURE OF AND EXPENDITURE OF SERVICE OR DAYS OF CARE 44	LTNO	ONTH-OF-PAYMENT REG - AGED EXPENDITURES 764.79 47.45	AVE PEF	AID CO ERAGE COST R UNIT/DAY 17.38 47.45	DDE M UNITS/DAY PER ELIG .015 .000	ONT S	2002 HLY AVERA COST PER USER 40.25 47.45	\GE	AGE 8,646 01/17/03 COST PER ELIGIBLE .26 .02
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 1 1	CES AND EXPENDITURE OF CONTROL OF SERVICE OR DAYS OF CARE 44 1 37	LTNC \$	DNTH-OF-PAYMENT REG - AGED EXPENDITURES 764.79 47.45 610.94 106.40	AVE PEF \$	AID CO ERAGE COST R UNIT/DAY 17.38 47.45 16.51 17.73	DDE M UNITS/DAY PER ELIG .015 .000 .013 .002	IONT S \$	2002 HLY AVERA COST PER USER 40.25 47.45 43.64 26.60	\GE \$	AGE 8,646 01/17/03 COST PER ELIGIBLE .26 .02 .21 .04
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 1 14 4 0	CES AND EXPENDITURE OF CONTROL OF SERVICE OR DAYS OF CARE 44 1 37 6 0	LTNO	EXPENDITURES 764.79 47.45 610.94 106.40 .00	AVE PEF	AID COERAGE COST R UNIT/DAY 17.38 47.45 16.51 17.73 .00	DDE M UNITS/DAY PER ELIG .015 .000 .013 .002 .000	IONT S \$	2002 HLY AVERA COST PER USER 40.25 47.45 43.64 26.60 .00	\GE \$	AGE 8,646 01/17/03 COST PER ELIGIBLE .26 .02 .21 .04 .00
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 1 14 4 0 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 44 1 37 6 0 0 0	LTNC \$	EXPENDITURES 764.79 47.45 610.94 106.40 .00 .00	AVE PEF \$	AID CO ERAGE COST R UNIT/DAY 17.38 47.45 16.51 17.73 .00 .00	DDE M UNITS/DAY PER ELIG .015 .000 .013 .002 .000	IONT S \$	2002 HLY AVERA COST PER USER 40.25 47.45 43.64 26.60 .00 .00	\GE \$	AGE 8,646 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 1 14 4 0 0 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 44 1 37 6 0 0 0	LTNO \$	EXPENDITURES 764.79 47.45 610.94 106.40 .00 .00 .00	AVE PEF \$	AID CO ERAGE COST R UNIT/DAY 17.38 47.45 16.51 17.73 .00 .00	DDE M UNITS/DAY PER ELIG .015 .000 .013 .002 .000 .000	ONT S \$	2002 HLY AVERA COST PER USER 40.25 47.45 43.64 26.60 .00 .00 .00	AGE \$	AGE 8,646 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 1 14 4 0 0 0 0 300	CES AND EXPENDITURE OF CONTROL OF SERVICE OR DAYS OF CARE 44 1 37 6 0 0 0 305	LTNC \$	EXPENDITURES 764.79 47.45 610.94 106.40 .00 .00 .00 3,060.30	AVE PEF \$	AID CO ERAGE COST R UNIT/DAY 17.38 47.45 16.51 17.73 .00 .00 .00	DDE M UNITS/DAY PER ELIG .015 .000 .013 .002 .000 .000 .000 .104	ONT S \$	2002 HLY AVERA COST PER USER 40.25 47.45 43.64 26.60 .00 .00 .00 10.20	AGE \$	AGE 8,646 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 1 14 4 0 0 0 0	CES AND EXPENDITURE OF CONTROL OF SERVICE OR DAYS OF CARE 44 1 37 6 0 0 305 0	LTNO \$	EXPENDITURES 764.79 47.45 610.94 106.40 .00 .00 .00 3,060.30 .00	AVE PEF \$	AID CO ERAGE COST R UNIT/DAY 17.38 47.45 16.51 17.73 .00 .00 .00	DDE	ONT S \$	2002 HLY AVERA COST PER USER 40.25 47.45 43.64 26.60 .00 .00 .00 .00 10.20 .00	AGE \$	AGE 8,646 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 1 14 4 0 0 0 0 300 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 44 1 37 6 0 0 0 0 305 0 0 0	LTNO \$	EXPENDITURES 764.79 47.45 610.94 106.40 .00 .00 .00 3,060.30 .00 .00	AVE PEF \$	AID CO ERAGE COST R UNIT/DAY 17.38 47.45 16.51 17.73 .00 .00 .00 .00	DDE M UNITS/DAY PER ELIG .015 .000 .013 .002 .000 .000 .000 .104 .000	ONT S \$	2002 HLY AVERA COST PER USER 40.25 47.45 43.64 26.60 .00 .00 .00 .00 .00 .00 .00 .00	AGE \$	AGE 8,646 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 1 14 4 0 0 0 0 300 0 0 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 44 1 37 6 0 0 0 0 305 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LTNO \$	EXPENDITURES 764.79 47.45 610.94 106.40 .00 .00 3,060.30 .00 .00 .00 .00	AVE PEF \$	AID CO ERAGE COST R UNIT/DAY 17.38 47.45 16.51 17.73 .00 .00 .00 .00	DDE M UNITS/DAY PER ELIG .015 .000 .013 .002 .000 .000 .000 .104 .000 .000	ONT S \$	2002 HLY AVERA COST PER USER 40.25 47.45 43.64 26.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE \$ \$ \$	AGE 8,646 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 1 14 4 0 0 0 0 300 0 0 300 0 300	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 44 1 37 6 0 0 0 0 305 0 0 0 0 305 0 0 0 305	LTNO \$	EXPENDITURES 764.79 47.45 610.94 106.40 .00 .00 3,060.30 .00 .00 3,060.30	AVE PEF \$	AID CO ERAGE COST R UNIT/DAY 17.38 47.45 16.51 17.73 .00 .00 .00 .00 .00 .00	DDE M UNITS/DAY PER ELIG .015 .000 .013 .002 .000 .000 .000 .104 .000 .000	ONT S \$ \$	2002 HLY AVERA COST PER USER 40.25 47.45 43.64 26.60 .00 .00 .00 .00 10.20 .00 .00 .00	\$	AGE 8,646 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 1 14 4 0 0 0 0 300 0 300 0 300 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 44 1 37 6 0 0 0 0 305 0 0 0 0 305 0 0 0 305 0 0 0 305 0 0 0 0	LTNO \$	EXPENDITURES 764.79 47.45 610.94 106.40 .00 .00 3,060.30 .00 3,060.30 .00 3,060.30 .00	AVE PEF \$	AID CO ERAGE COST R UNIT/DAY 17.38 47.45 16.51 17.73 .00 .00 .00 .00 .00	DDE M UNITS/DAY PER ELIG .015 .000 .013 .002 .000 .000 .000 .104 .000 .000	ONT S \$ \$	2002 HLY AVERA COST PER USER 40.25 47.45 43.64 26.60 .00 .00 .00 .00 10.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE \$ \$ \$	AGE 8,646 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 1 14 4 0 0 0 0 300 0 0 300 0 0 0 0 0 0 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 44 1 37 6 0 0 0 305 0 0 0 305 0 0 0 305 0 0 0 0 0	LTNO \$	EXPENDITURES 764.79 47.45 610.94 106.40 .00 .00 3,060.30 .00 3,060.30 .00 .00 3,060.30 .00 .00	AVE PEF \$	AID CO ERAGE COST R UNIT/DAY 17.38 47.45 16.51 17.73 .00 .00 .00 .00 .00 .00	DDE M UNITS/DAY PER ELIG .015 .000 .013 .002 .000 .000 .000 .104 .000 .000 .104 .000	ONT S \$ \$ \$	2002 HLY AVERA COST PER USER 40.25 47.45 43.64 26.60 .00 .00 .00 .00 10.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE \$ \$ \$	AGE 8,646 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 14 4 0 0 0 0 300 0 0 300 0 0 0 0 0 0 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 44 1 37 6 0 0 0 305 0 0 305 0 0 0 305	LTNO \$ \$ \$ \$ \$	EXPENDITURES 764.79 47.45 610.94 106.40 .00 .00 3,060.30 .00 .00 3,060.30 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PEF \$	AID CO ERAGE COST R UNIT/DAY 17.38 47.45 16.51 17.73 .00 .00 .00 .00 10.03 .00 .00 .00 .00 .00 .00 .00 .00 .00	DDE M UNITS/DAY PER ELIG .015 .000 .013 .002 .000 .000 .000 .000 .000 .000 .00	ONT S \$ \$ \$ \$	2002 HLY AVERA COST PER USER 40.25 47.45 43.64 26.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE \$ \$ \$	AGE 8,646 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 14 4 0 0 0 0 300 0 300 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 44 1 37 6 0 0 0 305 0 0 305 0 0 0 0 305	LTNO \$	EXPENDITURES 764.79 47.45 610.94 106.40 .00 .00 3,060.30 .00 .00 3,060.30 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PEF \$	AID CO ERAGE COST R UNIT/DAY 17.38 47.45 16.51 17.73 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .015 .000 .013 .002 .000 .000 .000 .000 .000 .000 .00	ONTS	2002 HLY AVERA COST PER USER 40.25 47.45 43.64 26.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE \$ \$ \$ \$ \$	AGE 8,646 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 14 4 0 0 0 0 0 300 0 0 300 0 0 0 0 0 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 44 1 37 6 0 0 0 305 0 0 305 0 0 0 0 0 0 0 0 0 0 0	LTNO \$ \$ \$ \$ \$	EXPENDITURES 764.79 47.45 610.94 106.40 .00 .00 .00 3,060.30 .00 .00 3,060.30 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PEF \$	AID CO ERAGE COST R UNIT/DAY 17.38 47.45 16.51 17.73 .00 .00 .00 .00 10.03 .00 .00 .00 .00 .00 .00 .00 .00 .00	DDE M UNITS/DAY PER ELIG .015 .000 .013 .002 .000 .000 .000 .000 .000 .000 .00	ONT S S S S S S S S S S S S S S S S S S S	2002 HLY AVERA COST PER USER 40.25 47.45 43.64 26.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE \$ \$ \$ \$ \$ \$	AGE 8,646 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 14 4 0 0 0 0 300 0 300 0 0 0 0 0 0 89	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 44 1 37 6 0 0 0 305 0 0 305 0 0 454	LTNO \$ \$ \$ \$ \$	DNTH-OF-PAYMENT RESERVED STATES AGED EXPENDITURES 764.79 47.45 610.94 106.40 .00 .00 .00 .00 3,060.30 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PEF \$	AID CO ERAGE COST R UNIT/DAY 17.38 47.45 16.51 17.73 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .015 .000 .013 .002 .000 .000 .000 .000 .000 .104 .000 .000 .000 .000 .000 .000 .000	ONTS	2002 HLY AVERA COST PER USER 40.25 47.45 43.64 26.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE \$ \$ \$ \$ \$ \$	AGE 8,646 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 14 4 0 0 0 300 0 300 0 0 0 0 0 0 0 3100 0 0 0	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 44 1 37 6 0 0 0 305 0 0 305 0 0 454 165	LTNO \$ \$ \$ \$ \$	DNTH-OF-PAYMENT RESERVED STATES AGED EXPENDITURES 764.79 47.45 610.94 106.40 .00 .00 .00 .00 3,060.30 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PEF \$	AID CO ERAGE COST R UNIT/DAY 17.38 47.45 16.51 17.73 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .015 .000 .013 .002 .000 .000 .000 .000 .000 .104 .000 .000 .000 .000 .000 .000 .000	ONT S S S S S S S S S S S S S S S S S S S	2002 HLY AVERA COST PER USER 40.25 47.45 43.64 26.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE \$ \$ \$ \$ \$ \$	AGE 8,646 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,933 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 19 14 4 0 0 0 0 300 0 300 0 0 0 0 0 0 89	CES AND EXPENDITURE OF CENTAL VICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CARE 44 1 37 6 0 0 0 305 0 0 305 0 0 454	LTNO \$ \$ \$ \$ \$	DNTH-OF-PAYMENT RESERVED STATES AGED EXPENDITURES 764.79 47.45 610.94 106.40 .00 .00 .00 .00 3,060.30 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PEF \$	AID CO ERAGE COST R UNIT/DAY 17.38 47.45 16.51 17.73 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	DDE M UNITS/DAY PER ELIG .015 .000 .013 .002 .000 .000 .000 .000 .000 .104 .000 .000 .000 .000 .000 .000 .000	ONT S S S S S S S S S S S S S S S S S S S	2002 HLY AVERA COST PER USER 40.25 47.45 43.64 26.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AGE \$ \$ \$ \$ \$ \$	AGE 8,646 01/17/03

OUTPATIENT SURGERY

PRINCIPAL SURGEON

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NON-HSC HOSPITAL TOTAL	1	3	1,882.65	627.55	.001	1882.65	.64
ACCOMMODATIONS	1	3	756.00	252.00	.001	756.00	.26
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	756.00	252.00	.001	756.00	.26
ANCILLARIES	1	0	1,126.65	.00	.000	1126.65	.38
INPATIENT CROSSOVERS	30	162	22,964.57	141.76	.055	765.49	7.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	59	289	6,020.03	20.83	.099	102.03	2.05
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	11	120.35	10.94	.004	30.09	.04
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	55	278	5,899.68	21.22	.095	107.27	2.01
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT F	OR JAN 2002 THRU DEC 2002 PAGE 8,647
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED	AID CODE
		MONITHE ATTERNACE

							M	ONT	HLY AVERA	GΕ	
2,933 ELIGIBLES	USERS UNIT	S OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		DAYS OF CARE			PER	UNIT/DAY	PER ELIG	+	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	89	454	\$	30,867.25	\$	67.99	.155	\$	346.82	\$	10.52
COMM HOSP INPATIENT TOTAL	31	165		24,847.22		150.59	.056		801.52		8.47
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	3		1,882.65		627.55	.001		1882.65		.64
ACCOMMODATIONS	1	3		756.00		252.00	.001		756.00		.26
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	3		756.00		252.00	.001		756.00		.26
ANCILLARIES	1	0		1,126.65		.00	.000		1126.65		.38
INPATIENT CROSSOVERS	30	162		22,964.57		141.76	.055		765.49		7.83
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	59	289		6,020.03		20.83	.099		102.03		2.05
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	11		120.35		10.94	.004		30.09		.04
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	55	278		5,899.68		21.22	.095		107.27		2.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2,500	78,014	\$	7,886,290.36	\$	101.09	26.599	\$		\$	2688.81
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000		.00	·	.00
LEV B-REHAB MD	7	220		20,497.80		93.17	.075		2928.26		6.99
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 2 , 494	77,794		7,865,792.56		101.11	26.524		3153.89		2681.82
@INTERMEDIATE CARE FACILDD	, 0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	•	.00	.000	·	.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	2	\$	1,015.90	\$	507.95	.001	\$	1015.90	\$.35
HOSPITAL BASED	0	0	•	.00	•	.00	.000	·	.00	·	.00
HEMODIALYSIS CENTER	1	2		1,015.90		507.95	.001		1015.90		.35
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	·	.00	·	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	230	\$	25.70	\$.11	.078	\$	6.43	\$.01
PATHOLOGY	0	0	'	.00	'	.00	.000		.00		.00
XO AND OTHERS	4	230		25.70		.11	.078		6.43		.01
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
CLINIC	0	0	'	.00	'	.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MONT		REPORT			DEC		P	AGE 8,648
MOP024	FEE-FOR-SERVICE/DENT		110111	02 21111111111 1	01(1	_ 01. 01114	_ 1 0 _ 1111(0			-	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES		LTNG -	- AGED		AID C	ODE				,, 00
						11110 0					

						MON	ITHLY AVERA	GE -	
2,933 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	Ι	ELIGIBLE
@ALL OTHER PROVIDERS	235	5,546	\$	139,091.57	\$ 25.08	1.891	591.88	\$	47.42
DURABLE MED. EQUIP.	75	337		30,439.66	90.33	.115	405.86		10.38
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	12	15		1,252.47	83.50	.005	104.37		.43
MEDICAL TRANSPORTATION	44	494		2,495.20	5.05	.168	56.71		.85
AMBULANCES/AIR TRANS	3	11		454.22	41.29	.004	151.41		.15
OTHER TRANS	32	320		1,212.68	3.79	.109	37.90		.41
OTHER SERVICES	10	163		828.30	5.08	.056	82.83		.28
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	2	20		1,330.80	66.54	.007	665.40		.45
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	20	45		566.78	12.60	.015	28.34		.19
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	11	18		32.86	1.83	.006	2.99		.01
PROSTHETIST/ORTHOTISTS	3	5		71.54	14.31	.002	23.85		.02
PROSTHETICS		5		71.54	14.31	.002	23.85		.02
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	12	18		1,256.00	69.78	.006	104.67		.43
HOSPICE SERVICES	45	983		97,368.91	99.05	.335	2163.75		33.20
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	27	3,611		4,277.35	1.18	1.231	158.42		1.46
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	832	3,768	\$	177,904.37	\$ 47.21	1.285 \$	213.83	\$	60.66
0* TOTALS IN THESE LINES ARE (GIVEN AS A SEPARA	TE INFORMATION 1	TEM (ONLY;					
THE AMOUNTS ARE ALREADY INC	CLUDED IN THE APP	ROPRIATE DETAIL	LINE	S ABOVE.					
** THESE DATA ARE INCLUDED IN	N THE APPROPRIATE	DETAIL LINES AF	BOVE.						
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PA	AGE 8,649
MOP024	FEE-FOR-SERVICE/	DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR 35 MN -	LTN	G - BLIND	AID CO	DDE			

----- MONTHLY AVERAGE -----41 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 42 1,605 \$ 160,932.98 \$ 100.27 39.146 \$ 3831.74 \$ 3925.19 @PHYSICIANS SERVICES 4 8 218.73 27.34 .195 \$ 54.68 \$ 5.33 OUTPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .00 .00 OFFICE VISITS 0 0 .000 HOME VISITS 0 .00 .00 .000 .00 0 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI .000 .00 OTHER OUTPATIENT 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 INPATIENT VISITS .000 .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE 0 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00

EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	4		8		218.73		27.34	.195		54.68		5.33
@PHARMACY	40		310	Ś	13,454.75	\$	43.40	7.561	Ś	336.37	Ś	328.16
PRESCRIPTION DRUGS	40		310	·	13,454.75		43.40	7.561	·	336.37		328.16
SNF/ICF	40		305		13,458.56		44.13	7.439		336.46		328.26
OUTPATIENTS	2		5		3.810	CR	.76CR	.122		1.91C	R	.09CR
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	2		4	\$	90.00	\$	22.50	.098	Ś	45.00	Ś	2.20
VISITS - DIAGNOSTIC	2 2		4	•	90.00	'	22.50	.098	'	45.00	'	2.20
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		Ô		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	EC AND EVE	O	ES MON					DEC		D7	AGE 8,650
MOP024	FEE-FOR-SERVICE		ENDITOR	ES MON	III OF FAIMENT I	VEL OIL	I FOR UAN 2	2002 11110	DEC	2002	I F	01/17/03
NEVADA COUNTY	SUMMARY OF SERV		35 MN -	T TNC.	- BITND		AID CC)DE				01/1//03
NEVADA COUNTI	SOMMANT OF SERV	ICES FOR	33 MM	птис	DHIND		AID CC		ı∩nırı	HLY AVERA	CF.	
41 ELIGIBLES	USERS	UNITS OF	CEDMICE		EXPENDITURES	7, 7, 7	ERAGE COST			COST PER	-	COST PER
41 EDIGIDHES	CALLO	OR DAYS	-		TWETINDITONES		R UNIT/DAY		-	USER		ELIGIBLE
@OPTOMETRIST	1	OK DAIS	1	\$	47.45	\$	47.45	.024		47.45	\$	1.16
DIAGNOSTIC AND ANC. PROCED	1		1	Y	47.45	Y	47.45	.024	ې	47.45	٢	1.16
DIAGNOSTIC AND ANC. PROCED	1		Τ		47.45		47.45	.024		47.45		1.10

						110	, , , , ,		\sim	
41 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	5 (COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	1	\$ 47.45	\$	47.45	.024	\$	47.45	\$	1.16
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.024		47.45		1.16
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	3	3	\$ 41.58	\$	13.86	.073	\$	13.86	\$	1.01
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	3	3	41.58		13.86	.073		13.86		1.01
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$.00	ċ	.00	.000	\$.00	ċ	.00
PEDIATRIC NURSE PRACTITIONER	0	0	۶ \$.00	\$ \$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	ې د			.00	.000				.00
@TOTAL HOSPITAL	0	U	ې د	.00	\$.122	-	.00 59.04		
• .	2	5	Ş	118.08	Ą	23.62		Ş		Ş	2.88
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	U	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	5		118.08		23.62	.122		59.04		2.88
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	2	5		118.08		23.62	.122		59.04		2.88
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES I	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2002	THRU	DEC	2002	PAGE	8,651
MOP024	FEE-FOR-SERVICE/DENTAL										1/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	35 MN	- LT	NG - BLIND		AID CODE					
							M	ONTH	ILY AVERA	GE	

41 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 5 118.08 23.62 .122 \$ 59.04 \$ 2.88 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 0 .00 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .00 ANCILLARIES .00 .000 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	2	5	118.08	23.62	.122	59.04	2.88
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	5	118.08	23.62	.122	59.04	2.88
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	26	787	\$ 82,817.40	\$ 105.23	19.195	\$ 3185.28	\$ 2019.94
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	26	787	82,817.40	105.23	19.195	3185.28	2019.94
@INTERMEDIATE CARE FACILDD	10	383	\$ 53,331.61	\$ 139.25	9.341	\$ 5333.16	\$ 1300.77
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	6	222	25,787.42	116.16	5.415	4297.90	628.96
ICF DDN/DDCN	4	161	27,544.19	171.08	3.927	6886.05	671.81
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

0 0 .00 .00 .000 .00 .00 SURGICENTER .000 .00 .00 .00 HEROIN DETOX CLINIC Ω .00 .00 RURAL HEALTH CLINIC .000 .00 0 0 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,652 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

41 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST	PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIG	IBLE
@ALL OTHER PROVIDERS 10 104 \$ 10,813.38 \$ 103.97 2.537 \$ 1081.34 \$ 26	3.74
DURABLE MED. EQUIP. 3 15 2,320.00 154.67 .366 773.33 5	6.59
BLOOD BANK 0 0 0 .00 .00 .00 .00	.00
HEARING AID DISPENSERS 0 0 0 .00 .00 .00 .00	.00
MEDICAL TRANSPORTATION 2 8 89.60 11.20 .195 44.80	2.19
AMBULANCES/AIR TRANS 0 0 .00 .00 .00 .00 .00	.00
OTHER TRANS 0 0 0 .00 .00 .00 .00	.00
OTHER SERVICES 2 8 89.60 11.20 .195 44.80	2.19
ACUPUNCTURE 0 0 0 .00 .00 .00 .00	.00
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00	.00
GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00 .00 .00	.00
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00	.00
OPTICIAN 0 0 .00 .00 .00 .00	.00
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00	.00
PORTABLE X-RAY 0 0 .00 .00 .00 .00	.00
PROSTHETIST/ORTHOTISTS 0 0 0 .00 .00 .00 .00	.00
PROSTHETICS 0 0 .00 .00 .00 .00	.00
ORTHOTICS 0 0 .00 .00 .00 .00 .00	.00
PSYCHOLOGIST 2 2 76.02 38.01 .049 38.01	1.85
SPEECH AND AUDIOLOGY 2 3 174.48 58.16 .073 87.24	4.26
HOSPICE SERVICES 3 76 8,153.28 107.28 1.854 2717.76 19	8.86
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00	.00
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00 .00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER PROVIDERS 0 0 .00 .00 .00 .00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP** 12 24 \$ 1,503.49 \$ 62.65 .585 \$ 125.29 \$	6.67

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

NEVADA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,653
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 227 ELIGIBLES USERS 15,774 \$ 950,502.17 \$ 60.26 69.489 \$ 3771.83 \$ 4187.23 @TOTAL, ALL PROVIDERS 252 1,458.39 \$ 18.23 .352 \$ 30.38 \$ 48 80 \$ @PHYSICIANS SERVICES 6.42 0 0 .00 OUTPATIENT VISITS 0 0 .00 OFFICE VISITS 0 0 .00 HOME VISITS EMERGENCY ROOM
PREVENTIVE CARE 0 0 .00 0 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	19		26		704.48		27.10	.115		37.08		3.10
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	19		26		704.48		27.10	.115		37.08		3.10
OPHTHALMOLOGICAL SERVICES	1		1		46.44		46.44	.004		46.44		.20
EXAMINATIONS	1		1		46.44		46.44	.004		46.44		.20
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00					.00		
ANESTHESIOLOGIST	-		U				.00	.000				.00
OUTPATIENT SURGERY	2		/		224.73		32.10	.031		112.37		.99
PRINCIPAL SURGEON	U		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2		7		224.73		32.10	.031		112.37		.99
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	26		46		482.74		10.49	.203		18.57		2.13
@PHARMACY	186	Į	5 , 754	\$	77,458.02	\$	13.46	25.348	\$	416.44	\$	341.22
PRESCRIPTION DRUGS	186		1,248		74,296.91		59.53	5.498		399.45		327.30
SNF/ICF	172		1,151		68,438.21		59.46	5.070		397.90		301.49
OUTPATIENTS	18		97		5,858.70		60.40	.427		325.48		25.81
MEDICAL SUPPLIES	14	4	4,506		3,161.11		.70	19.850		225.79		13.93
@DENTIST	20		46	\$	1,343.00	\$	29.20	.203	\$	67.15	\$	5.92
VISITS - DIAGNOSTIC	18		39		742.00		19.03	.172		41.22		3.27
ORAL SURGERY	1		3		121.00		40.33	.013		121.00		.53
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	1		1		200.00		200.00	.004		200.00		.88
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		Ö		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2		3		280.00		93.33	.013		140.00		1.23
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND FY		ES MO		דים חם י			DEC		D7	AGE 8,654
MOP024	FEE-FOR-SERVICE/DE		LENDITON	DD 140	NIII OF TATMENT RE	11 01(1	. FOR OAN 2	002 11110	DEC	2002	1.2	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICE		26 MNI -	T TINIC	C - DICABIED		AID CO	DE				01/1//03
MENADA COUNTI	SOFTIANT OF SERVICE	IO LOIV	20 MM -	11116	DISADIED			М		ACCONTACTA	CF -	
227 ELIGIBLES	USERS UN	ITTS OF	SERVICE		EXPENDITURES	∆ 175	RAGE COST					COST PER
22/ 51101010			OF CARE		TVIENDIIOVES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1	W DWID	3	\$	53.11	\$	17.70	.013		53.11		.23
DIAGNOSTIC AND ANC. PROCED	0		0	Y		•				.00	۲	. 23
DIAGNOSTIC AND ANC. PROCED	U		U		• 0.0		• 00			- UU		• UU

0 3 DIAGNOSTIC AND ANC. PROCED .00 .00 .000 .00 .00 EYE APPLIANCES 53.11 17.70 .013 53.11 .23 0 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 @CHIROPRACTOR 0 0 .00 .00 .000 \$.00 \$.00 .00 0 VISITS 0 .00 .000 .00 .00 0 0 OTHER SERVICES .00 .000 .00 .00 10 10 104.89 .044 \$ @PODIATRIST \$ 10.49 10.49 \$.46

MEDICINE/INJECTIONS	0		0		.00		.00	.00	0		.00		.00
SURGERY/ANES.	0		0		.00		.00	.00	0		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.00	0		.00		.00
OTHER	10		10		104.89		10.49	.04	4		10.49		.46
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.00	0	\$.00	\$.00
NURSE ANESTHESIST	0			\$.00	\$.00	.00		\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.00	0	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.00		\$.00	\$.00
@TOTAL HOSPITAL	19		102	\$	4,113.34	\$	40.33	. 44		\$	216.49	\$	18.12
HOSP INPATIENT TOTAL	3		32	'	1,710.75	'	53.46	.14			570.25		7.54
HSC HOSPITALS	0		0		.00		.00	.00			.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.00			.00		.00
ACCOMMODATIONS	0		Ô		.00		.00	.00			.00		.00
ADMINISTRATIVE DAYS	0		Û		.00		.00	.00			.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.00			.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.00			.00		.00
ANCILLARIES	0		0		.00		.00	.00			.00		.00
INPATIENT CROSSOVERS	3		32		1,710.75		53.46	.14			570.25		7.54
ALL OTHER INPATIENT	0		0		.00		.00	.00			.00		.00
HOSP OUTPATIENT TOTAL	16		70		2,402.59		34.32	.30			150.16		10.58
MEDICAL	0		0		59.65		.00	.00			.00		.26
	0		1										
SURGERY	1		_		60.89		60.89	.00			60.89		.27
PATHOLOGY	4		10		117.62		11.76	.04			29.41		.52
RADIOLOGY	1		1		53.52		53.52	.00			53.52		.24
ROOM USE	1		2		205.88		102.94	.00			205.88		.91
CROSSOVERS/ALL OTH OUTPTNT	12		56		1,905.03	_	34.02	.24			158.75		8.39
@COUNTY HOSPITAL TOTAL	0			\$.00	\$.00	.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.00			.00		.00
HSC HOSPITALS	0		0		.00		.00	.00			.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.00			.00		.00
ACCOMMODATIONS	0		0		.00		.00	.00			.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.00			.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.00			.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.00			.00		.00
ANCILLARIES	0		0		.00		.00	.00			.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.00			.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.00			.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.00			.00		.00
MEDICAL	0		0		.00		.00	.00	0		.00		.00
SURGERY	0		0		.00		.00	.00			.00		.00
PATHOLOGY	0		0		.00		.00	.00	0		.00		.00
RADIOLOGY	0		0		.00		.00	.00	0		.00		.00
ROOM USE	0		0		.00		.00	.00	0		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.00	0		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXI	PENDITURE	S MON	TH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THF	U D	ŒC	2002	PI	AGE 8,655
MOP024	FEE-FOR-SERVICE	/DENTAL											01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR	36 MN -	LTNG	- DISABLED		AID C						
005											ILY AVERA		
227 ELIGIBLES	USERS	UNITS OF			EXPENDITURES								COST PER
		OR DAYS	OF CARE	_			UNIT/DAY				USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19		102	Ş	4,113.34	\$				\$		Ş	18.12
COMM HOSP INPATIENT TOTAL	3		32		1,710.75		53.46	.14			570.25		7.54
HSC HOSPITALS	0		0		.00		.00	.00			.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.00	0		.00		.00

0

.00

.00

.000

.00

.00

0

ACCOMMODATIONS

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	32		1,710.75		53.46	.141		570.25		7.54
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0 16	70		2,402.59		34.32	.308		150.16		10.58
MEDICAL	0	0		59.65		.00	.000		.00		.26
SURGERY	1	1		60.89		60.89	.004		60.89		.27
PATHOLOGY	Δ	10		117.62		11.76	.044		29.41		.52
RADIOLOGY	1	1		53.52		53.52	.004		53.52		.24
ROOM USE	1	2		205.88		102.94	.009		205.88		.91
CROSSOVERS/ALL OTH OUTPTNT		56		1,905.03		34.02	.247		158.75		8.39
@STATE HOSPITAL	7	212	Ś	91,450.59	\$	431.37	.934	Ċ	13064.37	ċ	402.87
MENTALLY ILL	0	0	۲	.00	۲	.00	.000	۲	.00	۲	.00
	7	212				431.37	.934		13064.37		
DEVELOP. DISABLED @NURSING FACILITY	180	5,535	\$	91,450.59 635,287.84	Ċ	114.78				\$	402.87 2798.62
• • • • • • • • • • • • • • • • • • • •	180	o, oso	Ş		Ş		24.383	Ş	.00	P	.00
LEV A-INTERMEDIATE	0			.00		.00	.000				
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 180 21	5 , 535		635,287.84		114.78	24.383		3529.38		2798.62
@INTERMEDIATE CARE FACILDD	21	678	\$	97,593.24	Ş	143.94		Ş	4647.30	Ş	
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	8	273		28,964.83		106.10	1.203		3620.60		127.60
ICF DDN/DDCN	13 5	405		68,628.41		169.45	1.784		5279.11		302.33
	5	7	\$	3,531.06	\$.031	\$	706.21	\$	15.56
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	5	7		3,531.06		504.44	.031		706.21		15.56
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	12	\$	126.61	\$	10.55	.053	\$	18.09	\$.56
PATHOLOGY	6	11		124.12		11.28	.048		20.69		.55
XO AND OTHERS	1	1		2.49		2.49	.004		2.49		.01
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	197.00	\$	197.00	.004	\$	197.00	\$.87
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		197.00		197.00	.004		197.00		.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES MON		EPORT			DEC		F	PAGE 8,656
MOP024	FEE-FOR-SERVICE									_	01/17/03
NEVADA COUNTY		ICES FOR 36 MN	- LTNG	- DISABLED		AID C	ODE				01/1//00
	TOTALLICE OF BEING			21011111		1111		ОМП	THLY AVERA	AGF.	
227 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AM	ERAGE COST	UNITS/DAY				COST PER
22, 2010100	00110	OR DAYS OF CAR		T111 T11D T T 01(II)			PER ELIC	-	USER		ELIGIBLE
@ALL OTHER PROVIDERS	50	3,334	\$	37,785.08	\$	11.33	14.687		755.70		166.45
CILL OTHER TROVERS	1.5	3,334	~	37,703.00	Y	11.55	14.007	Y	755.70	4	100.43

						PION	ITITITI AVEIVA	.GE	
227 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	50	3,334	\$	37,785.08	\$ 11.33	14.687 \$	755.70	\$	166.45
DURABLE MED. EQUIP.	15	76		10,835.63	142.57	.335	722.38		47.73
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	12	3,025		9,062.20	3.00	13.326	755.18		39.92
AMBULANCES/AIR TRANS	1	1		9.88	9.88	.004	9.88		.04
OTHER TRANS	6	2,947		8,741.25	2.97	12.982	1456.88		38.51
OTHER SERVICES	5	77		311.07	4.04	.339	62.21		1.37
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		.00	.00
OCCUPATIONAL THERAPIST	2	22	294.22	13.37	.097		147.11	1.30
OPTICIAN	2	4	42.72	10.68	.018		21.36	.19
PHYSICAL THERAPIST	1	1	34.84	34.84	.004		34.84	.15
PORTABLE X-RAY	1	3	64.14	21.38	.013		64.14	.28
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	2	2	76.02	38.01	.009		38.01	.33
SPEECH AND AUDIOLOGY	10	27	1,234.03	45.70	.119		123.40	5.44
HOSPICE SERVICES	6	159	16,092.00	101.21	.700	2	682.00	70.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	4	15	49.28	3.29	.066		12.32	.22
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	74	1,995	\$ 14,693.96	\$ 7.37	8.789	\$	198.57	\$ 64.73

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,657
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN	

							MC	NTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVER	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CA	RE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	Ś	- 0.0	Ś	. 00	. 000	\$.00	Ś	. 00

OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
	0	0		.00		.000	.00		.00
EXAMINATIONS	0	0			.00		.00		
SERVICES AND MATERIALS	0	0		.00	.00	.000			.00
INPATIENT HOSPITAL SURGERY		· · · · · · · · · · · · · · · · · · ·		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0 \$	3	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	Ō		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	S MONTH					PZ	AGE 8,658
MOP024	FEE-FOR-SERVICE			. 01 1111111111111111111		2002 211110 2			01/17/03
NEVADA COUNTY		CES FOR 37 MN - I	TNG -	FAMILIES	DISCONT	ГТN			01/11/00
					DICCON		NTHLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
00 211010	30110	OR DAYS OF CARE			PER UNIT/DAY				ELIGIBLE
@OPTOMETRIST	0	0 \$	5	.00	\$.00	.000			.00
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	.00	.000	.00	Τ'	.00
DIAGNOSTIC AND ANC. PROCED	O	O		.00	.00	.000	.00		• 0 0

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER		0	Ś	.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	0	\$.00	Ś	.00	.000 \$		\$.00
HOSP INPATIENT TOTAL	0	0	т	.00	Τ	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
	0	0		.00		.00	.000	.00	.00
ANCILLARIES INPATIENT CROSSOVERS	0	0							
	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL				.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	U		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MON	TH-OF-PAYMENT R	EPORT FOR	R JAN 2	2002 THRU DEC	2002	PAGE 8,659
MOP024	FEE-FOR-SERVICE	C/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 37 MN -	- LTNG	- FAMILIES	Ι	DISCON	TIN		
							MONTE	HLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVERAGE	E COST	UNITS/DAYS (COST PER	COST PER

		OR DAYS OF CAR	E			PER UNIT/DA	Y PER ELIG		USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$. (\$.00	.000		.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	·	. (0.0	.00	.000		.00		.00
HSC HOSPITALS	0	0			0.0	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			0.0	.00	.000		.00		.00
ACCOMMODATIONS	0	Ő			00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			00	.00	.000		.00		.00
	0	0			00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0							.00		
ANCILLARIES	0	· ·			00	.00	.000				.00
INPATIENT CROSSOVERS	U	0			0.0	.00	.000		.00		.00
ALL OTHER INPATIENT	U	0			00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0			00	.00	.000		.00		.00
MEDICAL	0	0			00	.00	.000		.00		.00
SURGERY	0	0		. (0.0	.00	.000		.00		.00
PATHOLOGY	0	0		. (0.0	.00	.000		.00		.00
RADIOLOGY	0	0		. (0 C	.00	.000		.00		.00
ROOM USE	0	0		. (0 C	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		. (0 C	.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$. (00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			0.0	.00	.000		.00		.00
DEVELOP. DISABLED	0	0			00	.00	.000		.00		.00
@NURSING FACILITY	0	0	\$			\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	Ő	т		00	.00	.000	Τ.	.00	Τ	.00
LEV B-REHAB MD	0	0			00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			00	.00	.000		.00		.00
	0	0			00	.00	.000		.00		
LEV B-SUBACUTE HSPTL BASED	0	•									.00
LEV B-TRANSITIONAL IP CARE	U	0			00	.00	.000		.00		.00
LEV B-REGULAR	U	0	_		0.0	.00	.000	_	.00	_	.00
@INTERMEDIATE CARE FACILDD	0	0	\$			\$.00	.000	\$.00	\$.00
ICF DDH	0	0			00	.00	.000		.00		.00
ICF DD	0	0			00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		. (00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$			\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		. (0.0	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		. (0.0	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$. (00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		. (0 C	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		. (0.0	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$. (00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		. (0.0	.00	.000		.00		.00
XO AND OTHERS	0	0			0.0	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$			\$.00	.000	\$.00	\$.00
CLINIC	0	0	т		00	.00	.000	-	.00	7	.00
SURGICENTER	0	0			00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			00	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		. (.00			.00		.00
			DEC MO								
#CALIF DEPT OF HEALTH SERV			KES MO	NTH-OF-PAIMENT	I KEP	ORT FOR JAN	1 ZUUZ THRU	DEC	. 2002	PA	
	FEE-FOR-SERVICE										01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 37 MN -	- L'I'NG	- FAMILIES		DISCO				ο -	
00					-~		M				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITÜRE							
_		OR DAYS OF CAR					Y PER ELIG				ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$			\$.00	.000			\$.00
DURABLE MED. EQUIP.	0	0			0.0	.00	.000		.00		.00
BLOOD BANK	0	0		. (0.0	.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,661
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

NEVADA COONII	DOMESTIC OF DELL	VICES FOR SO MEDICALL	II NUUDI HING				
					MON	ITHLY AVERA	GE
3,201 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,110	120,116 \$	9,835,828.10	\$ 81.89	37.525 \$	3162.65	\$ 3072.74
@PHYSICIANS SERVICES	239	433 \$	7,156.38	\$ 16.53	.135 \$	29.94	\$ 2.24
OUTPATIENT VISITS	1	1	108.08	108.08	.000	108.08	.03
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.000	108.08	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	34	45	1,259.01	27.98	.014	37.03	.39
HOSPITAL VISITS	1	3	155.70	51.90	.001	155.70	.05
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	33	42	1,103.31	26.27	.013	33.43	.34
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.000	46.44	.01
EXAMINATIONS	1	1	46.44	46.44	.000	46.44	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	2	7		224.73	}	32.10	.002		112.37		.07
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	7		224.73	}	32.10	.002		112.37		.07
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		6.92		6.92	.000		6.92		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	204	378		5,511.20		14.58	.118		27.02		1.72
@PHARMACY	2,520	23,533 \$;	737,221.09	\$	31.33	7.352	\$	292.55	\$	230.31
PRESCRIPTION DRUGS	2,512	16,490	•	727,892.26		44.14	5.152		289.77		227.40
SNF/ICF	2,328	15,400		687 , 133.35	,	44.62	4.811		295.16		214.66
OUTPATIENTS	254	1,090		40,758.91		37.39	.341		160.47		12.73
MEDICAL SUPPLIES	105	7,043		9,328.83	}	1.32	2.200		88.85		2.91
@DENTIST	175	378 \$;	12,922.50	\$	34.19	.118	\$	73.84	\$	4.04
VISITS - DIAGNOSTIC	153	289		5,978.50		20.69	.090		39.08		1.87
ORAL SURGERY	16	38		1,217.00		32.03	.012		76.06		.38
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		200.00		200.00	.000		200.00		.06
ENDODONTICS	1	1		260.00		260.00	.000		260.00		.08
RESTORATIVE DENTISTRY	9	22		1,117.00		50.77	.007		124.11		.35
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	19	27		4,120.00		152.59	.008		216.84		1.29
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	1CR		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-O	F-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 8,662
MOP024	FEE-FOR-SERVICE/DENTAL	1									01/17/03

							Mo	TNC	HLY AVERA	GE.	
3,201 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
,		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	21	48	\$	865.35	\$	18.03	.015	Ś	41.21	Ś	.27
DIAGNOSTIC AND ANC. PROCED	2	2	'	94.90	'	47.45	.001		47.45		.03
EYE APPLIANCES	15	40		664.05		16.60	.012		44.27		.21
OTHER OPTOMETRIC SERVICES	4	6		106.40		17.73	.002		26.60		.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ċ	.00	\$.00
VISITS	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	313	318	\$	3,206.77	\$	10.08	.099	ċ	10.25	\$	1.00
MEDICINE/INJECTIONS	313	0	Ą	•	ې			Ą		ې	
	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	-	0		.00		.00	.000		.00		.00
OTHER	313	318		3,206.77		10.08	.099		10.25		1.00
@HOME HEALTH AGENCY	0	0	\$.00	Ş	.00	.000		.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	110	561	\$	35,098.67	\$	62.56		\$	319.08	\$	10.96
HOSP INPATIENT TOTAL	34	197		26 , 557.97		134.81	.062		781.12		8.30
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	3		1,882.65		627.55	.001		1882.65		.59
ACCOMMODATIONS	1	3		756.00		252.00	.001		756.00		.24
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	3		756.00		252.00	.001		756.00		.24
ANCILLARIES	1	0		1,126.65		.00	.000		1126.65		.35
INPATIENT CROSSOVERS	33	194		24,675.32		127.19	.061		747.74		7.71
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	77	364		8,540.70		23.46	.114		110.92		2.67
MEDICAL	0	0		59.65		.00	.000		.00		.02
SURGERY	1	1		60.89		60.89	.000		60.89		.02
PATHOLOGY	8	21		237.97		11.33	.007		29.75		.07
RADIOLOGY	1	1		53.52		53.52	.000		53.52		.02
ROOM USE	1	2		205.88		102.94	.001		205.88		.06
CROSSOVERS/ALL OTH OUTPTNT	69	339		7,922.79		23.37	.106		114.82		2.48
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	'	.00	'	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL MEDICAL	0	0							.00		
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0				.00	.000				
PATHOLOGY	0	ŭ		.00		.00	.000		.00		.00
RADIOLOGY	-	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,663 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 38 MEDIO	CALLY	NEEDY - LTNG						C D	
2 201 FLIGTRING	HOEDO	INITES OF SERVICE			7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	D3.0E 00.0E			HLY AVERA	GE	
3,201 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	-	COST PER		COST PER
0.000	110	OR DAYS OF CARE	_	05 000 65		. UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	110	561	\$	35,098.67	\$	62.56		\$		\$	10.96
COMM HOSP INPATIENT TOTAL	34	197		26,557.97		134.81	.062		781.12		8.30
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	3		1,882.65		627.55	.001		1882.65		.59
ACCOMMODATIONS	1	3		756.00		252.00	.001		756.00		.24
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	3		756.00		252.00	.001		756.00		.24
ANCILLARIES	1	0		1,126.65		.00	.000		1126.65		.35
INPATIENT CROSSOVERS	33	194		24,675.32		127.19	.061		747.74		7.71
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	77	364		8,540.70		23.46	.114		110.92		2.67
MEDICAL	0	0		59.65		.00	.000		.00		.02
SURGERY	1	1		60.89		60.89	.000		60.89		.02
PATHOLOGY	8	21		237.97		11.33	.007		29.75		.07
RADIOLOGY	1	1		53.52		53.52	.000		53.52		.02
ROOM USE	1	2		205.88		102.94	.001		205.88		.06
CROSSOVERS/ALL OTH OUTPINT		339		7,922.79		23.37	.106		114.82		2.48
@STATE HOSPITAL	7	212	\$	91,450.59	\$	431.37	.066	\$	13064.37	\$	28.57
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	7	212		91,450.59		431.37	.066		13064.37		28.57
@NURSING FACILITY	2,706	84,336	\$	8,604,395.60	\$	102.03	26.347	\$	3179.75	\$	2688.03
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	7	220		20,497.80		93.17	.069		2928.26		6.40
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,700	84,116		8,583,897.80		102.05	26.278		3179.22		2681.63
@INTERMEDIATE CARE FACILDD	31	1,061	\$	150,924.85	\$	142.25	.331	\$	4868.54	\$	47.15
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	14	495		54,752.25		110.61	.155		3910.88		17.10
ICF DDN/DDCN	17	566		96,172.60		169.92	.177		5657.21		30.04
@HEMODIALYSIS TOTAL	6	9	\$	4,546.96	\$	505.22	.003	\$	757.83	\$	1.42
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	9		4,546.96		505.22	.003		757.83		1.42
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	11	242	\$	152.31	\$.63	.076	\$	13.85	\$.05
PATHOLOGY	6	11		124.12		11.28	.003		20.69		.04
XO AND OTHERS	5	231		28.19		.12	.072		5.64		.01
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	197.00	\$	197.00	.000	\$	197.00	\$.06
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		197.00		197.00	.000		197.00		.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 8,664
MOP024	FEE-FOR-SERVICE,	DENTAL									01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 38 MEDIO	CALLY	NEEDY - LTNG							

					MOI	NTHLY AVERA	.GE
3,201 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
•		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	295	8,984 \$	187,690.03	\$ 20.89	2.807	\$ 636.24	\$ 58.63
DURABLE MED. EQUIP.	93	428	43,595.29	101.86	.134	468.77	13.62
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	15	1,252.47	83.50	.005	104.37	.39
MEDICAL TRANSPORTATION	58	3,527	11,647.00	3.30	1.102	200.81	3.64
AMBULANCES/AIR TRANS	4	12	464.10	38.68	.004	116.03	.14
OTHER TRANS	38	3,267	9,953.93	3.05	1.021	261.95	3.11
OTHER SERVICES	17	248	1,228.97	4.96	.077	72.29	.38
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	2	20	1,330.80	66.54	.006	665.40	.42
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	2	22	294.22	13.37	.007	147.11	.09
OPTICIAN	22	49	609.50	12.44	.015	27.70	.19
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.01
PORTABLE X-RAY	12	21	97.00	4.62	.007	8.08	.03
PROSTHETIST/ORTHOTISTS	3	5	71.54	14.31	.002	23.85	.02
PROSTHETICS	3	5	71.54	14.31	.002	23.85	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	4	4	152.04	38.01	.001	38.01	.05
SPEECH AND AUDIOLOGY	24	48	2,664.51	55.51	.015	111.02	.83
HOSPICE SERVICES	54	1,218	121,614.19	99.85	.381	2252.11	37.99
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	31	3,626	4,326.63	1.19	1.133	139.57	1.35
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	918	5 , 787 \$	194,101.82	\$ 33.54	1.808	\$ 211.44	\$ 60.64
0* TOTALS IN THESE LINES ARE GIVE							
THE AMOUNTS ARE ALREADY INCLUI							
** THESE DATA ARE INCLUDED IN TH	HE APPROPRIAT	TE DETAIL LINES ABOVE	l •				
#CALLE DEDE OF HEALTH CEDY MEI	T CAT CEDIAT	DEC YND EADENDIMIDEC	MONIMII OR DAVMENIM DE	TAKE GOT MGOGS	מ זומווש פסספ	70 2002	DACE O CCE

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,665
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

						MON	THLY AVERA	GE
5,840 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	2		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,993	119,544	\$	9,741,276.90	\$ 81.49	20.470	1950.99	\$ 1668.03
@PHYSICIANS SERVICES	552	1,383	\$	24,620.89	\$ 17.80	.237	44.60	\$ 4.22
OUTPATIENT VISITS	23	34		1,216.97	35.79	.006	52.91	.21
OFFICE VISITS	19	29		784.71	27.06	.005	41.30	.13
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5		432.26	86.45	.001	86.45	.07
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	22	44		1,688.69	38.38	.008	76.76	.29
HOSPITAL VISITS	8	28		1,289.86	46.07	.005	161.23	.22
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	14	16		398.83	24.93	.003	28.49	.07
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		139.24		139.24	.000		139.24		.02
PRINCIPAL SURGEON	1	1		139.24		139.24	.000		139.24		.02
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	8	29		103.17		3.56	.005		12.90		.02
RADIOLOGY	7	17		310.90		18.29	.003		44.41		.05
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	518	1,258		21,161.92		16.82	.215		40.85		3.62
@PHARMACY	4,080	25 , 571	\$	1,061,925.50	\$	41.53	4.379	\$	260.28	\$	181.84
PRESCRIPTION DRUGS	4,057	21 , 716		1,050,277.78		48.36	3.718		258.88		179.84
SNF/ICF	2,257	14,712		641,379.87		43.60	2.519		284.17		109.83
OUTPATIENTS	1,889	7,004		408,897.91		58.38	1.199		216.46		70.02
MEDICAL SUPPLIES	164	3 , 855		11,647.72		3.02	.660		71.02		1.99
@DENTIST	268	788	\$	33,571.29	\$	42.60	.135	\$	125.27	\$	5.75
VISITS - DIAGNOSTIC	207	457		8,339.50		18.25	.078		40.29		1.43
ORAL SURGERY	33	151		5,331.00		35.30	.026		161.55		.91
DRUGS	1	2		15.00		7.50	.000		15.00		.00
ANESTHESIA	2	2		200.00		100.00	.000		100.00		.03
PERIODONTICS	1	1		200.00		200.00	.000		200.00		.03
ENDODONTICS	4	5 91		1,210.00		242.00	.001		302.50		.21
RESTORATIVE DENTISTRY	35			6,160.75		67.70	.016		176.02		1.05
PROSTHETICS	5	5		120.00		24.00	.001		24.00		.02
DENTURES, STAYPLATES	40	75		11,995.04		159.93	.013		299.88		2.05
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	1CR		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 8,666
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 39 MEDIO	CALL	Y NEEDY - AGED							
							N	IONT	HLY AVERA	GE	
5.840 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	r UNITS/DAY	S (COST PER		COST PER

UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER 5,840 ELIGIBLES USERS EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 59 134 2,430.34 18.14 .023 \$ 41.19 \$.42 2 DIAGNOSTIC AND ANC. PROCED 2 94.90 47.45 .000 47.45 .02 EYE APPLIANCES 38 101 1,735.55 17.18 .017 45.67 .30 21 31 599.89 19.35 .005 28.57 .10 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 0 0 .00 \$.00 .000 \$.00 \$.00 0 .00 .000 .00 .00 VISITS .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 339 356 3,499.56 9.83 .061 \$ 10.32 \$.60 @PODIATRIST MEDICINE/INJECTIONS 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .00 SURGERY/ANES. .000 0 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY 339 356 3,499.56 9.83 OTHER .061 10.32 .60 2 \$.001 \$ @HOME HEALTH AGENCY 8 524.05 65.51 262.03 \$.09 46 NURSE ANESTHESIST 99.37 \$ 2.16 .008 \$ 49.69 \$.02

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$ 5.82	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	356	1,921	\$ 122,245.29	\$ 63.64	.329	\$ 343.39	\$ 20.93
HOSP INPATIENT TOTAL	86	421	85,028.63	201.97	.072	988.71	14.56
HSC HOSPITALS	1	6	5,700.00	950.00	.001	5700.00	.98
NON-HSC HOSPITAL TOTAL	3	10	16,897.55	1689.76	.002	5632.52	2.89
ACCOMMODATIONS	3	10	3,962.79	396.28	.002	1320.93	.68
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	10	3,962.79	396.28	.002	1320.93	.68
ANCILLARIES	3	0	12,934.76	.00	.000	4311.59	2.21
INPATIENT CROSSOVERS	83	405	62,431.08	154.15	.069	752.18	10.69
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	281	1,500	37,216.66	24.81	.257	132.44	6.37
MEDICAL	5	10	893.94	89.39	.002	178.79	.15
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	59	684.35	11.60	.010	62.21	.12
RADIOLOGY	7	13	2,180.43	167.73	.002	311.49	.37
ROOM USE	5	5	195.14	39.03	.001	39.03	.03
CROSSOVERS/ALL OTH OUTPINT	267	1,413	33,262.80	23.54	.242	124.58	5.70
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 8,667
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES F	OR 39 MEDICAI	LLY NEEDY - AGED				
					MONTH	TT 37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	`

NEVADA COUNTY	SIIMMARY OF SERVIC	E/DENIAL VICES FOR 39 MEDI	C A T.T.	V NEEDV - ACED							01/1//03
NEVADA COUNTI	SUMMAKI OF SEK	VICES FOR 39 MEDI	САПП.	I NEEDI AGED			MC	TNC	HLY AVERA	GE	
5,840 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE	1		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	356	1,921	\$	122,245.29	\$	63.64	.329	\$	343.39	\$	20.93
COMM HOSP INPATIENT TOTAL	86	421		85,028.63		201.97	.072		988.71		14.56
HSC HOSPITALS	1	6		5,700.00		950.00	.001		5700.00		.98
NON-HSC HOSPITALS TOTAL	3	10		16,897.55		1689.76	.002		5632.52		2.89
ACCOMMODATIONS	3	10		3,962.79		396.28	.002		1320.93		.68
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	10		3,962.79		396.28	.002		1320.93		.68
ANCILLARIES	3	0		12,934.76		.00	.000		4311.59		2.21
INPATIENT CROSSOVERS	83	405		62,431.08		154.15	.069		752.18		10.69
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	281	1,500		37,216.66		24.81	.257		132.44		6.37
MEDICAL	5	10		893.94		89.39	.002		178.79		.15
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	11	59		684.35		11.60	.010		62.21		.12
RADIOLOGY	7	13		2,180.43		167.73	.002		311.49		.37
ROOM USE	5	5		195.14		39.03	.001		39.03		.03
CROSSOVERS/ALL OTH OUTPTNT	267	1,413		33,262.80		23.54	.242		124.58		5.70
@STATE HOSPITAL	0	, 0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2,661	81,171	\$	8,284,385.23	\$	102.06	13.899	\$	3113.26	\$	1418.56
LEV A-INTERMEDIATE	0	, 0	·	.00	·	.00	.000	•	.00	•	.00
LEV B-REHAB MD	7	220		20,497.80		93.17	.038		2928.26		3.51
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2,655	80,951		8,263,887.43		102.09	13.861		3112.58		1415.05
@INTERMEDIATE CARE FACILDD	_,	0	\$.00	Ś	.00	.000	Ś	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	2	\$	1,015.90	\$	507.95		\$	1015.90	\$.17
HOSPITAL BASED	0	0	т	.00	т	.00	.000	7	.00	-	.00
HEMODIALYSIS CENTER	1	2		1,015.90		507.95	.000		1015.90		.17
@REHABILITATION FACILITY	0	2	\$.00	Ś	.00		\$.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	т	.00	.000	Τ.	.00	Τ.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	233	\$	155.08	\$.67		\$	22.15	\$.03
PATHOLOGY	ń	0	Τ	.00	~	.00	.000	7	.00	4	.00
XO AND OTHERS	7	233		155.08		.67	.040		22.15		.03
@ORGANIZED OUTPATIENT CLINIC	66	121	\$	13,099.21	\$	108.26		\$	198.47	\$	2.24
CLINIC	1	1	т	8.08	Τ.	8.08	.000	Τ.	8.08	Τ.	.00
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 SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,668 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 NEVADA COUNTY

---- MONTHLY AVERAGE -----

SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

					MONT	THLY AVERA	GE
5,840 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	533	7 , 810 \$	193,699.37	\$ 24.80	1.337 \$	363.41	\$ 33.17
DURABLE MED. EQUIP.	87	372	33,228.40	89.32	.064	381.94	5.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	26	36	8,340.36	231.68	.006	320.78	1.43
MEDICAL TRANSPORTATION	61	1,081	4,222.61	3.91	.185	69.22	.72
AMBULANCES/AIR TRANS	7	23	780.06	33.92	.004	111.44	.13
OTHER TRANS	38	455	1,521.66	3.34	.078	40.04	.26
OTHER SERVICES	17	603	1,920.89	3.19	.103	112.99	.33
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	36	421	28,171.68	66.92	.072	782.55	4.82
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	67	153	1,986.24	12.98	.026	29.65	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	13	23	37.13	1.61	.004	2.86	.01
PROSTHETIST/ORTHOTISTS	8	16	342.88	21.43	.003	42.86	.06
PROSTHETICS	8	16	342.88	21.43	.003	42.86	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	20	28	2,285.49	81.62	.005	114.27	.39
HOSPICE SERVICES	48	1,029	102,325.83	99.44	.176	2131.79	17.52
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	194	4,651	12,758.75	2.74	.796	65.77	2.18
@CALIF. CHILDREN SERVICES*	0	3CR \$	68.52CR	\$ 22.84	.001CR\$.00	
@XOVER EXCLUDING STATE HOSP**	1,593	7,254 \$	322,207.20	\$ 44.42	1.242 \$	202.26	\$ 55.17

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,669 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND NEVADA COUNTY

						MON	THLY AVERA	GE
60 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	50	1,747	\$	173,576.19	\$ 99.36	29.117	3471.52	\$ 2892.94
@PHYSICIANS SERVICES	5	10	\$	287.08	\$ 28.71	.167	57.42	\$ 4.78
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0									
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	9	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	5	10		287.08		28.71	.167		57.42		4.78
@PHARMACY	47	352	\$	15,975.70	\$	45.39	5.867	\$		\$	266.26
PRESCRIPTION DRUGS	46	349		15,607.46		44.72	5.817		339.29		260.12
SNF/ICF	43	331		14,424.32		43.58	5.517		335.45		240.41
OUTPATIENTS	5	18		1,183.14		65.73	.300		236.63		19.72
MEDICAL SUPPLIES	2	3		368.24		122.75	.050		184.12		6.14
@DENTIST	3	9	\$	134.00	\$	14.89	.150	\$	44.67	\$	2.23
VISITS - DIAGNOSTIC	3	9		134.00		14.89	.150		44.67		2.23
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDITU	JRES M		EPORT			DEC		Р	AGE 8,670
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	R 40 MED	DICALL	Y NEEDY - BLIND							
							M	ONTH	ILY AVERA	GE	
			_					~			

60 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 1 1 47.45 47.45 .017 \$ 47.45 \$.79 47.45 47.45 DIAGNOSTIC AND ANC. PROCED 1 .017 47.45 .79 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 0 .00 .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 .00 .000 \$.00 \$.00 @CHIROPRACTOR 0 .00 .000 .00 VISITS 0 .00 .00 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 47.38 \$ 11.85 .067 \$ 11.85 \$.79

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	4	4	47.38	11.85	.067	11.85		.79
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	3	14 \$	167.90	\$ 11.99	.233 \$	55.97	\$ 2	.80
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	3	14	167.90	11.99	.233	55.97	2	.80
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	3	14	167.90	11.99	.233	55.97	2	.80
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DEC	2002		8,671
MOP024	FEE-FOR-SERVICE						01/	17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 40 MEDICALLY	NEEDY - BLIND					
60 51 5655156					MONT			
60 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS		COST	
QCOMMINITELY HOCKETS TOWN	2	OR DAYS OF CARE	1.7 00	PER UNIT/DAY		USER	ELIGI	
@COMMUNITY HOSPITAL TOTAL	3	14 \$	167.90	\$ 11.99	.233 \$	55.97		.80
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00

.00

.00

.000

.00

.00

0

ACCOMMODATIONS

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	14	167.90	11.99	.233	55.97	2.80
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	3	14	167.90	11.99	.233	55.97	2.80
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	29	867	\$ 92,148.93	\$ 106.28	14.450	\$ 3177.55	\$ 1535.82
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	29	867	92,148.93	106.28	14.450	3177.55	1535.82
@INTERMEDIATE CARE FACILDD	10	383	\$ 53,331.61	\$ 139.25	6.383	\$ 5333.16	\$ 888.86
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	6	222	25 , 787.42	116.16	3.700	4297.90	429.79
ICF DDN/DDCN	4	161	27,544.19	171.08	2.683	6886.05	459.07
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.0	0	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.0	0 \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.0	0	.00	.000	.00		.00
XO AND OTHERS	0	0	.0	0	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.0	0 \$.00	.000	\$.00	\$.00
CLINIC	0	0	.0	0	.00	.000	.00		.00
SURGICENTER	0	0	.0	0	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.0	0	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.0	0	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	PAGE	8 , 672
MOP024	FEE-FOR-SERVICE/DEN	ΓAL						01	1/17/03
NEVADA COUNTY	SUMMARY OF SERVICES	FOR 40 MEDICA	LLY NEEDY - BLIND						
60 81 1618186	HODDO INT					N	MONTHLY AVERA		

60 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		S COST PER	101	COST PER
** ======	0.0	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	11	107	\$ 11,436.14	\$ 106.88	1.783	\$ 1039.65	\$	190.60
DURABLE MED. EQUIP.	3	15	2,320.00	154.67	.250	773.33		38.67
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	1	3	622.76	207.59	.050	622.76		10.38
MEDICAL TRANSPORTATION	2	8	89.60	11.20	.133	44.80		1.49
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	2	8	89.60	11.20	.133	44.80		1.49
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	0	0	.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	2	2	76.02	38.01	.033	38.01		1.27
SPEECH AND AUDIOLOGY	2	3	174.48	58.16	.050	87.24		2.91
HOSPICE SERVICES	3	76	8,153.28	107.28	1.267	2717.76		135.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	2	6	\$ 790.35	\$ 131.73	.100	•	\$	13.17
@XOVER EXCLUDING STATE HOSP**	15	36	\$ 1,742.19	\$ 48.39	.600	\$ 116.15	\$	29.04

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,673 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

							MO	NTHLY AVERA	1GE	
2,597 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	C C		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,383	49 , 821	\$	3,053,869.92	\$	61.30	19.184	\$ 1281.52	\$	1175.92
@PHYSICIANS SERVICES	647	2 , 697	\$	93,829.85	\$	34.79	1.039	\$ 145.02	\$	36.13

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	285	525		17,942.38		34.18	.202		62.96		6.91
OFFICE VISITS	234	418		11,824.24		28.29	.161		50.53		4.55
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	68	88		5,620.94		63.87	.034		82.66		2.16
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	19	19		497.20		26.17	.007		26.17		.19
INPATIENT VISITS	69	269		12,198.95		45.35	.104		176.80		4.70
HOSPITAL VISITS	46	219		9,002.67		41.11	.084		195.71		3.47
CRITICAL CARE	4	20		2,369.30		118.47	.008		592.33		.91
SNF/ICF/TRANS IP CARE	23	30		826.98		27.57	.012		35.96		.32
OPHTHALMOLOGICAL SERVICES	14	14		616.15		44.01	.005		44.01		.24
EXAMINATIONS	14	14		616.15		44.01	.005		44.01		.24
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	27	163		17,501.81		107.37	.063		648.22		6.74
PRINCIPAL SURGEON	19	33		12,179.79		369.08	.013		641.04		4.69
ASSISTANT SURGEON	4	6		1,798.95		299.83	.013		449.74		.69
ANESTHESIOLOGIST	13	124		3,523.07		299.03	.048		271.01		1.36
	37	74				105.17	.028		210.33		3.00
OUTPATIENT SURGERY	37	7 4 4 4		7,782.25							
PRINCIPAL SURGEON	33 0	0		6,950.75		157.97	.017		210.63		2.68
ASSISTANT SURGEON	7	30		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	•			831.50		27.72	.012		118.79		.32
DIALYSIS	1	27		303.08		11.23	.010		303.08		.12
PATHOLOGY	59	195		4,507.12		23.11	.075		76.39		1.74
RADIOLOGY	152	371		11,364.68		30.63	.143		74.77		4.38
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	30	110		2,467.68		22.43	.042		82.26		.95
OTHER SERVICES/ALL X-OVERS	334	949		19,145.75		20.17	.365		57.32		7.37
@PHARMACY	1,920	18,180	\$	1,412,169.66	\$	77.68	7.000	\$		\$	543.77
PRESCRIPTION DRUGS	1,905	9 , 377		1,397,059.96		148.99	3.611		733.36		537.95
SNF/ICF	194	1 , 259		85,589.87		67.98	.485		441.18		32.96
OUTPATIENTS	1,716	8,118		1,311,470.09		161.55	3.126		764.26		504.99
MEDICAL SUPPLIES	111	8,803		15,109.70		1.72	3.390		136.12		5.82
@DENTIST	160	634	\$	34,222.50	\$	53.98	.244	\$	213.89	\$	13.18
VISITS - DIAGNOSTIC	109	340		5,411.50		15.92	.131		49.65		2.08
ORAL SURGERY	24	140		5,664.00		40.46	.054		236.00		2.18
DRUGS	2	2		25.00		12.50	.001		12.50		.01
ANESTHESIA	4	5		500.00		100.00	.002		125.00		.19
PERIODONTICS	3	3		455.00		151.67	.001		151.67		.18
ENDODONTICS	9	13		2,838.00		218.31	.005		315.33		1.09
RESTORATIVE DENTISTRY	36	92		10,185.00		110.71	.035		282.92		3.92
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	20	36		9,144.00		254.00	.014		457.20		3.52
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	3		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES MO		EPOR1			DEC		Р	AGE 8,674
MOP024	FEE-FOR-SERVICE/DE										01/17/03
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NEVADA COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

						MON	THLY AVERA	JE
2,597 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	77	226	\$	4,154.36	\$ 18.38	.087 \$	53.95	\$ 1.60
DIAGNOSTIC AND ANC. PROCED	17	18		762.97	42.39	.007	44.88	.29

EYE APPLIANCES	59	188		3,034.99		16.14	.072		51.44		1.17
OTHER OPTOMETRIC SERVICES	19	20		356.40		17.82	.008		18.76		.14
@CHIROPRACTOR	5	6	\$	67.71	\$	11.29	.002	\$	13.54	\$.03
VISITS	3	3		50.16		16.72	.001		16.72		.02
OTHER SERVICES	2	3		17.55		5.85	.001		8.78		.01
@PODIATRIST	22	26	\$	360.33	\$	13.86	.010	\$	16.38	\$.14
MEDICINE/INJECTIONS	6	6		152.80		25.47	.002	·	25.47		.06
SURGERY/ANES.	1	1		19.00		19.00	.000		19.00		.01
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	18	19		188.53		9.92	.007		10.47		.07
	10		ċ		ċ			ċ		ċ	
@HOME HEALTH AGENCY	_ ·	59	Þ	3,722.76	\$	63.10	.023			\$	1.43
NURSE ANESTHESIST	2	15	Ş	37.91	\$	2.53	.006		18.96	\$.01
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	9	12	\$	197.40	\$	16.45	.005		21.93	\$.08
@TOTAL HOSPITAL	483	3,093	\$	452,618.56	\$	146.34	1.191	\$	937.10	\$	174.29
HOSP INPATIENT TOTAL	62	395		379,653.81		961.15	.152		6123.45		146.19
HSC HOSPITALS	8	113		126,332.00		1117.98	.044	-	15791.50		48.65
NON-HSC HOSPITAL TOTAL	26	146		233,287.12		1597.86	.056		8972.58		89.83
ACCOMMODATIONS	26	146		68,474.64		469.00	.056		2633.64		26.37
ADMINISTRATIVE DAYS	1	21		4,857.30		231.30	.008		4857.30		1.87
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	25	125		63,617.34		508.94	.048		2544.69		24.50
	26										
ANCILLARIES		0		164,812.48		.00	.000		6338.94		63.46
INPATIENT CROSSOVERS	28	136		20,034.69		147.31	.052		715.52		7.71
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	441	2,698		72,964.75		27.04	1.039		165.45		28.10
MEDICAL	64	107		5,006.24		46.79	.041		78.22		1.93
SURGERY	23	24		1,198.64		49.94	.009		52.11		.46
PATHOLOGY	164	689		9,613.80		13.95	.265		58.62		3.70
RADIOLOGY	112	279		25,053.47		89.80	.107		223.69		9.65
ROOM USE	124	183		7,066.07		38.61	.070		56.98		2.72
CROSSOVERS/ALL OTH OUTPINT	249	1,416		25,026.53		17.67	.545		100.51		9.64
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	Ö	7	.00	7	.00	.000	7	.00	7	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0									
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE				.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	0	IIDES N					DEC		DΛ	GE 8,675
MOP024			CIVID I	MONTH OF FAIRENT F	vie OK I	I FOIL OWN	ZUUZ INKU	טייר	2002	ΓA	01/17/03
	FEE-FOR-SERVICE/DENTAL		DT C 7 T 7	IN MEEDA DIGADI	7.0						01/11/03
NEVADA COUNTY	SUMMARY OF SERVICES FO	V 4T MEI	ртсапј	TI NEEDI - DISABLE	עני		\	וחוות∩ו	מדע אוודסא	CE	

----- MONTHLY AVERAGE -----2,597 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	483	3,093	\$	452,618.56	\$		1.191				174.29
COMM HOSP INPATIENT TOTAL	62	395	·	379,653.81		961.15	.152	·	6123.45	·	146.19
HSC HOSPITALS	8	113		126,332.00		1117.98	.044		15791.50		48.65
NON-HSC HOSPITALS TOTAL	26	146		233,287.12		1597.86	.056		8972.58		89.83
ACCOMMODATIONS	26	146		68,474.64		469.00	.056		2633.64		26.37
ADMINISTRATIVE DAYS	1	21		4,857.30		231.30	.008		4857.30		1.87
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	25	125		63,617.34		508.94	.048		2544.69		24.50
ANCILLARIES	26	0		164,812.48		.00	.000		6338.94		63.46
INPATIENT CROSSOVERS	28	136		20,034.69		147.31	.052		715.52		7.71
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	441	2,698		72,964.75		27.04	1.039		165.45		28.10
MEDICAL	64	107		5,006.24		46.79	.041		78.22		1.93
SURGERY	23	24		1,198.64		49.94	.009		52.11		.46
PATHOLOGY	164	689		9,613.80		13.95	.265		58.62		3.70
RADIOLOGY	112	279		25,053.47		89.80	.107		223.69		9.65
ROOM USE	124	183		7,066.07		38.61	.070		56.98		2.72
CROSSOVERS/ALL OTH OUTPINT	249	1,416		25 , 026.53		17.67	.545		100.51		9.64
@STATE HOSPITAL	7	212	\$	91,450.59	\$.082	\$	13064.37	\$	35.21
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	7	212		91,450.59		431.37	.082		13064.37		35.21
@NURSING FACILITY	191	5,836	\$	668,304.59	\$	114.51		\$	3498.98	\$	257.34
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	191	5,836		668,304.59		114.51	2.247		3498.98		257.34
@INTERMEDIATE CARE FACILDD	21	678	\$	97,593.24	\$			Ş	4647.30	Ş	37.58
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	8	273		28,964.83		106.10	.105		3620.60		11.15
ICF DDN/DDCN	13	405	<u> </u>	68,628.41	<u> </u>	169.45	.156	<u> </u>	5279.11	<u>^</u>	26.43
@HEMODIALYSIS TOTAL	23 0	210	\$	22,285.46	\$.081	\$		\$	8.58
HOSPITAL BASED	23	210		.00		.00 106.12	.000		.00 968.93		.00 8.58
HEMODIALYSIS CENTER @REHABILITATION FACILITY	23 5	24	\$	22,285.46 554.68	\$.081	ċ		ċ	.21
HOSPITAL BASED	2	17	Ą	445.29	Ą	26.19	.009	Ą	222.65	ş	.17
INDEPENDENT FACILITY	3	7		109.39		15.63	.007		36.46		.04
@LABORATORY FACILITY	32	121	\$	1,979.44	\$	16.36	.047	Ċ	61.86	Ċ	.76
PATHOLOGY	30	119	Y	1,970.37	٧	16.56	.046	Y	65.68	Y	.76
XO AND OTHERS	2	2		9.07		4.54	.001		4.54		.00
@ORGANIZED OUTPATIENT CLINIC	136	244	\$	23,398.77	\$	95.90	.094	Ś	172.05	Ś	9.01
CLINIC	2	3	Ψ	74.87	7	24.96	.001	т	37.44	т	.03
SURGICENTER	1	1		203.18		203.18	.000		203.18		.08
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	133	240		23,120.72					173.84		8.90
			RES MO	NTH-OF-PAYMENT RE						P	AGE 8,676
MOP024	FEE-FOR-SERVICE										01/17/03
NEVADA COUNTY			ICALLY	Y NEEDY - DISABLEI	D						-, -, , , ,
							M	гио	THLY AVERA	GE	
2,597 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVE						COST PER
		OR DAYS OF CAR			PEF	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	329	17,548	\$	146,922.11	\$	8.37	6.757	\$	446.57	\$	56.57
DURABLE MED. EQUIP.	43	204		20,857.02		102.24	.079		485.05		8.03
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	4	6	714.07	119.01	.002	178.52		.27
MEDICAL TRANSPORTATION	39	3,601	12,870.47	3.57	1.387	330.01		4.96
AMBULANCES/AIR TRANS	16	129	2,616.04	20.28	.050	163.50		1.01
OTHER TRANS	9	3,045	8,926.35	2.93	1.173	991.82	:	3.44
OTHER SERVICES	14	427	1,328.08	3.11	.164	94.86		.51
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	61	811	42,068.96	51.87	.312	689.66	1	6.20
OCCUPATIONAL THERAPIST	2	22	294.22	13.37	.008	147.11		.11
OPTICIAN	76	182	2,168.96	11.92	.070	28.54		.84
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84		.01
PORTABLE X-RAY	1	3	64.14	21.38	.001	64.14		.02
PROSTHETIST/ORTHOTISTS	11	25	1,626.38	65.06	.010	147.85		.63
PROSTHETICS	11	25	1,626.38	65.06	.010	147.85		.63
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	4	20	275.05	13.75	.008	68.76		.11
SPEECH AND AUDIOLOGY	12	29	1,263.89	43.58	.011	105.32		.49
HOSPICE SERVICES	18	349	40,700.61	116.62	.134	2261.15	1.	5.67
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	24	11,254	20,082.09	1.78	4.333	836.75	•	7.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	55	1,041	3,901.41	3.75	.401	70.93		1.50
@CALIF. CHILDREN SERVICES*	10	28	\$ 8,210.15	\$ 293.22	.011	\$ 821.02	\$	3.16
@XOVER EXCLUDING STATE HOSP**	490	6,134	\$ 78 , 365.39	\$ 12.78	2.362	\$ 159.93	\$ 3	0.18

 $[\]ensuremath{\text{@*}}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

PAGE 8,677 01/17/03

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

NEVADA COUNTY	SUMMARY OF SER	VICES FOR 42 MEDICALL	Y NEEDY - FAMILIES		14017		3.5
20 204 FLIGTRIFIC	HORDO	INTEG OF GERVICE		717ED 7 CE COCE	MONT		
32,384 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
@TOTAL, ALL PROVIDERS	15 140	OR DAYS OF CARE	4 715 510 74	PER UNIT/DAY		USER	ELIGIBLE
GRUNGICIANG GERMICES	15,142	81,105 \$ 19,006 \$	4,715,519.74	\$ 58.14 \$ 38.87	2.504 \$.587 \$		\$ 145.61
@PHYSICIANS SERVICES	7,260		738,725.57				
OUTPATIENT VISITS	5,774	8,202	275,025.87	33.53	.253	47.63	8.49
OFFICE VISITS	5,774 4,293 0 1,817	5,719	171,198.27	29.94	.177	39.88	5.29
HOME VISITS	0	0	.00 91,849.41	.00	.000	.00	.00
EMERGENCY ROOM	1,817	2,288		40.14	.071	50.55	2.84
PREVENTIVE CARE	3	4	180.49	45.12	.000	60.16	.01
OB VISITS/COMPRE PERI	73	107	9,561.28	89.36	.003	130.98	.30
OTHER OUTPATIENT	81	84	2,236.42	89.36 26.62	.003	27.61	.07
EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE	317	107 84 935	50 , 057.58	53.54	.029	157.91	1.55
HOSPITAL VISITS	305	817	35 , 879.19	43.92	.025	117.64	1.11
CRITICAL CARE	23	112	13,965.59	124.69	.003	607.20	.43
SNF/ICF/TRANS IP CARE	4 58	6	212.80	35.47	.000	53.20	.01
OPHTHALMOLOGICAL SERVICES	58	6 59	2,696.88	45.71	.002	46.50	.08
EXAMINATIONS	57	57 2	2,644.58	46.40	.002	46.40	.08
SERVICES AND MATERIALS	2	2	52.30	26.15	.000	26.15	.00
INPATIENT HOSPITAL SURGERY	304	1,458	166,812.28	114.41	.045	548.72	5.15
PRINCIPAL SURGEON	191	249	134,472.26	540.05	.008	704.04	4.15
ASSISTANT SURGEON	30	31	6,406.22	206.65	.001	213.54	.20
ANESTHESTOLOGIST	131	1,178	25,933.80	22.02	.036	197.97	.80
OUTPATIENT SURGERY	647	1,412	07 077 25	68.75	.044	150.04	3.00
PRINCIPAL SURGEON	565	703	79,625.69	113.27	.022	140.93	2.46
ASSISTANT SURGEON	4	4		106.63	.000	106.63	.01
ANESTHESTOLOGIST	135	705	426.52 17,025.04	24.15	.022	126.11	.53
OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY	6	22	1,455.82	63.30	.001	242.64	.04
PATHOLOGY	917	1,290 2,225		15.28	.040	21.49	.61
RADIOLOGY	1 470	2,225	19,708.34 64,252.94	28.88	.069	43.71	1.98
PSYCHIATRY	1,170	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	· ·	374	5 , 738.58	15.34	.012	30.36	.18
OTHER SERVICES/ALL X-OVERS	813	3,028	55,900.03	18.46	.094	68.76	1.73
@PHARMACY	7 279	19,479 \$	1,210,776.17		.602 \$		
DDECODIDETON DDICC	813 7,279 7,234	16,361	1,056,429.75	64.57	.505	146.04	32.62
SNF/ICF	1,234	36	2,124.62	59.02	.001	151.76	.07
OUTPATIENTS	7 222	16,325	1,054,305.13	64.58	.504	145.99	32.56
MEDICAL SUPPLIES	1,222	3,118	154,346.42	49.50	.096	1234.77	4.77
@DENTIST	1 652	6,146 \$	244,677.75			148.11	
VISITS - DIAGNOSTIC	1 120	3,650	62,572.35	17.14	.113	55.87	1.93
VISIIS - DIAGNOSIIC	1,120	468		54.63	.014	137.45	.79
ORAL SURGERY DRUGS	7,234 14 7,222 125 1,652 1,120 186 122 25 14	140	25,565.25 2,603.75	18.60	.004	21.34	
DRUGS	122	26	2,450.00	94.23			.08
ANESTHESIA	23	19	2,450.00		.001	98.00	
PERIODONTICS	116		1,880.00 31.115.00	98.95	.001	134.29	.06
ENDODONTICS	116	163	31,113.00	190.89	.005	268.23	.96
RESTORATIVE DENTISTRY	626	· ·	100,599.40	67.20		160.70	
PROSTHETICS	9	10	330.00	33.00	.000	36.67	.01
DENTURES, STAYPLATES	28	85	9,583.00	112.74	.003	342.25	.30
SPACE MAINTAINERS	18	18	2,711.00	150.61	.001	150.61	.08
MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.02
ORTHODONTIC SERVICES	39	52	4,045.00	77.79	.002	103.72	.12
ALL OTHER SERVICES	11	16	375.00	23.44	.000	34.09	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 8,678

FEE-FOR-SERVICE/DENTAL

01/17/03

NEVIDA COUNT	BOTHING OF BEICV	TODO TOR 12 INDI	CILLLI	NUDDI IMITULE	5	MO	NTHLY AVER	AGE	
32,384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS			COST PER ELIGIBLE
@OPTOMETRIST	293	847	\$	19,802.46	\$ 23.38	.026		Ś	
DIAGNOSTIC AND ANC. PROCED	221	221	7	10,357.01	46.86	.007	46.86		.32
EYE APPLIANCES	222	623		9,349.11	15.01	.019	42.11		.29
OTHER OPTOMETRIC SERVICES	4	3		96.34	32.11	.000	24.09		.00
@CHIROPRACTOR	143	220	\$	3,678.40	\$ 16.72	.007			.11
VISITS	143	220	Y	3,678.40	16.72	.007	25.72		.11
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	17	21	\$	908.52	\$ 43.26	.001			.03
MEDICINE/INJECTIONS	13	13	Ÿ	559.73	43.06	.000	43.06		.02
SURGERY/ANES.	1	13		84.14	84.14	.000	84.14		.00
	2	2		34.60	17.30	.000	17.30		.00
RADIO./PATHOLOGY	3	5							
OTHER	33		Ċ	230.05	46.01	.000	76.68		.01
@HOME HEALTH AGENCY	0	141	\$	9,083.64	\$ 64.42	.004			.28
NURSE ANESTHESIST	9	0	\$.00	\$.00		\$.00		.00
NURSE MIDWIFE	-	26	\$ \$	1,024.93	\$ 39.42		\$ 113.88		.03
PEDIATRIC NURSE PRACTITIONER	· ·	0		.00	\$.00		\$.00		.00
FAMILY NURSE PRACTITIONER	183	238	\$	6,028.99	\$ 25.33		\$ 32.95		.19
@TOTAL HOSPITAL	4,259	20,953	\$	1,966,290.31	\$ 93.84		\$ 461.68		60.72
HOSP INPATIENT TOTAL	316	1,153		1,440,313.25	1249.19	.036	4557.95		44.48
HSC HOSPITALS	55	250		296,775.70	1187.10	.008	5395.92		9.16
NON-HSC HOSPITAL TOTAL	258	892		1,139,290.37	1277.23	.028	4415.85		35.18
ACCOMMODATIONS	258	892		300,116.22	336.45	.028	1163.24		9.27
ADMINISTRATIVE DAYS	0	0		200.07CF		.000	.00		.01CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	258	892		300,316.29	336.68	.028	1164.02		9.27
ANCILLARIES	258 7	0		839,174.15 4,247.18	.00	.000	3252.61		25.91
INPATIENT CROSSOVERS	0	11		•	386.11	.000	606.74		.13
ALL OTHER INPATIENT	4,075			.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	4,075 560	19,800 715		525,977.06	26.56	.611	129.07		16.24 .72
MEDICAL	448	504		23,358.34 15,126.07	32.67 30.01	.022 .016	41.71 33.76		
SURGERY					13.87		48.05		.47 2.49
PATHOLOGY	1,681 1,177	5,823 1,615		80,766.52 107,901.90	66.81	.180 .050	91.68		3.33
RADIOLOGY		•			37.25				4.78
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	2,714 1,784	4,157 6,986		154,863.05		.128 .216	57.06 80.70		4.78
	1,704	50	\$	143,961.18 1,599.05	20.61 \$ 31.98	.002			.05
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL		0	Ą	.00	.00	.002	.00		.00
	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00		.00		.00
ALL OTHER ACCOM	0	0				.000			.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	6	50			31.98	.002	266.51		.05
MEDICAL MEDICAL	4	4		1,599.05 177.39	44.35	.002	44.35		.01
SURGERY	1	3		63.94	21.31	.000	63.94		.00
PATHOLOGY	2	10		205.62	20.56	.000	102.81		.01
RADIOLOGY	1	2		40.12	20.06	.000	40.12		.00
ROOM USE	6	15		786.07	52.40	.000	131.01		.02
MOOFI ODE	O	10		700.07	J4.40	.000	TOT.01		• 0 4

01/17/03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,679 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY	SUMMARY OF	FOR 4	NEEDY - FAMILIES	

NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 42 MEDICAL	LI NEEDI - FAMILIES		MONT	III II AIIDA	C.D.	
32,384 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT	COST PER		OST PER
32,304 ELIGIBLES	OSEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,256	20,903 \$	1,964,691.26	\$ 93.99	.645 \$		\$	60.67
COMM HOSP INPATIENT TOTAL	316	1,153	1,440,313.25	1249.19	.036	4557.95	Ą	44.48
HSC HOSPITALS	55	250	296,775.70	1187.10	.008	5395.92		9.16
NON-HSC HOSPITALS TOTAL	258	892	1,139,290.37	1277.23	.028	4415.85		35.18
	258	892						
ACCOMMODATIONS	258	892	300,116.22	336.45	.028	1163.24		9.27
ADMINISTRATIVE DAYS	0	0	200.07CF		.000	.00		.01CR
TRANSITIONAL IP CARE	· · · · · · · · · · · · · · · · · · ·		.00	.00		.00		.00
ALL OTHER ACCOM	258	892	300,316.29	336.68	.028	1164.02		9.27
ANCILLARIES	258	0	839,174.15	.00	.000	3252.61		25.91
INPATIENT CROSSOVERS	7	11	4,247.18	386.11	.000	606.74		.13
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	4,072	19,750	524,378.01	26.55	.610	128.78		16.19
MEDICAL	557	711	23,180.95	32.60	.022	41.62		.72
SURGERY	447	501	15,062.13	30.06	.015	33.70		. 47
PATHOLOGY	1,679	5,813	80,560.90	13.86	.180	47.98		2.49
RADIOLOGY	1,176	1,613	107,861.78	66.87	.050	91.72		3.33
ROOM USE	2,711	4,142	154,076.98	37.20	.128	56.83		4.76
CROSSOVERS/ALL OTH OUTPTNT		6,970	143,635.27	20.61	.215	80.65	_	4.44
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	1	5 \$	576.05	\$ 115.21	.000 \$		\$.02
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	1	5	576.05	115.21	.000	576.05		.02
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	_	.00
@HEMODIALYSIS TOTAL	9	476 \$	16,435.35	\$ 34.53	·		\$.51
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	9	476	16,435.35	34.53	.015	1826.15	_	.51
@REHABILITATION FACILITY	13	184 \$	3,120.81	\$ 16.96	.006 \$		\$.10
HOSPITAL BASED	4	9	729.40	81.04	.000	182.35		.02
INDEPENDENT FACILITY	9	175	2,391.41	13.67	.005	265.71	_	.07
@LABORATORY FACILITY	680	1,380 \$	28,172.70	\$ 20.42	.043 \$		\$.87
PATHOLOGY	680	1,380	28,172.70	20.42	.043	41.43		.87
XO AND OTHERS	0	0	.00	.00	.000	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	1,562	3,211 \$	306,537.62	\$ 95.46	.099 \$	196.25	\$	9.47
CLINIC	398	1,244	35,633.20	28.64	.038	89.53		1.10
SURGICENTER	28	147	4,580.45	31.16	.005	163.59		.14
HEROIN DETOX CLINIC	1	4	58.40	14.60	.000	58.40		.00
RURAL HEALTH CLINIC	1,155	1,816	266,265.57	146.62	.056	230.53		8.22
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MON'I'H-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002	PA	•
MOP024	FEE-FOR-SERVICE	•						01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 42 MEDICAL	LY NEEDY - FAMILIES	o de la companya de				

						MON	THLY AVERA	GE	
32,384 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	ST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ΕI	LIGIBLE
@ALL OTHER PROVIDERS	1,394	8,772	\$	159,680.47	\$ 18.20	.271 \$	114.55	\$	4.93
DURABLE MED. EQUIP.	48	97		17,714.30	182.62	.003	369.05		.55
BLOOD BANK	1	10		153.00	15.30	.000	153.00		.00
HEARING AID DISPENSERS	2	3		235.00	78.33	.000	117.50		.01
MEDICAL TRANSPORTATION	120	1,997		52,243.46	26.16	.062	435.36		1.61
AMBULANCES/AIR TRANS	116	1,830		33,820.32	18.48	.057	291.55		1.04
OTHER TRANS	2	36		108.71	3.02	.001	54.36		.00
OTHER SERVICES	14	131		18,314.43	139.80	.004	1308.17		.57
ACUPUNCTURE	1	3		59.47	19.82	.000	59.47		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	127	127		9,989.00	78.65	.004	78.65		.31
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	257	565		5,234.79	9.27	.017	20.37		.16
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	21	27		1,979.28	73.31	.001	94.25		.06
PROSTHETICS	17	21		1,761.81	83.90	.001	103.64		.05
ORTHOTICS	4	6		217.47	36.25	.000	54.37		.01
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	12	18		7,829.06	434.95	.001	652.42		.24
HOSPICE SERVICES	3	215		17,281.69	80.38	.007	5760.56		.53
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	798	4,978		43,989.02	8.84	.154	55.12		1.36
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	26	732		2,972.40	4.06	.023	114.32		.09
@CALIF. CHILDREN SERVICES*	110	1,401	\$	253,358.53	\$ 180.84	.043 \$	2303.26	\$	7.82
@XOVER EXCLUDING STATE HOSP**	88	391	\$	9,084.69	\$ 23.23	.012 \$	103.24	\$.28
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	RATE INFORMATION	ITEM	ONLY;					
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE A	PPROPRIATE DETAIL	LIN	ES ABOVE.					
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	TE DETAIL LINES A	BOVE						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU DE	C 2002	PAC	SE 8,681
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 43 MED	ICAL	LY NEEDY					
						MON	THLY AVERA	GE	
40,881 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	ST PER

						MOI	NTHLY AVERA	GE ·	
40,881 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@TOTAL, ALL PROVIDERS	22,568	252 , 217	\$	17,684,242.75	\$ 70.12	6.170	\$ 783.60	\$	432.58
@PHYSICIANS SERVICES	8,464	23,096	\$	857,463.39	\$ 37.13	.565	\$ 101.31	\$	20.97
OUTPATIENT VISITS	6 , 082	8,761		294,185.22	33.58	.214	48.37		7.20
OFFICE VISITS	4,546	6,166		183,807.22	29.81	.151	40.43		4.50
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1,890	2,381		97,902.61	41.12	.058	51.80		2.39
PREVENTIVE CARE	3	4		180.49	45.12	.000	60.16		.00
OB VISITS/COMPRE PERI	73	107		9,561.28	89.36	.003	130.98		.23
OTHER OUTPATIENT	100	103		2,733.62	26.54	.003	27.34		.07
INPATIENT VISITS	408	1,248		63,945.22	51.24	.031	156.73		1.56
HOSPITAL VISITS	359	1,064		46,171.72	43.39	.026	128.61		1.13
CRITICAL CARE	27	132		16,334.89	123.75	.003	605.00		.40
SNF/ICF/TRANS IP CARE	41	52		1,438.61	27.67	.001	35.09		.04
OPHTHALMOLOGICAL SERVICES	72	73		3,313.03	45.38	.002	46.01		.08

EXAMINATIONS	71	71	3,260.73	45.93	.002	45.93	.08
SERVICES AND MATERIALS	2	2	52.30	26.15	.000	26.15	.00
INPATIENT HOSPITAL SURGERY	331	1,621	184,314.09	113.70	.040	556.84	4.51
PRINCIPAL SURGEON	210	282	146,652.05	520.04	.007	698.34	3.59
ASSISTANT SURGEON	34	37	8,205.17	221.76	.001	241.33	.20
ANESTHESIOLOGIST	144	1,302	29,456.87	22.62	.032	204.56	.72
OUTPATIENT SURGERY	685	1,487	104,998.74	70.61	.036	153.28	2.57
PRINCIPAL SURGEON	599	748	86,715.68	115.93	.018	144.77	2.12
ASSISTANT SURGEON	4	4	426.52	106.63	.000	106.63	.01
ANESTHESIOLOGIST	142	735	17,856.54	24.29	.018	125.75	.44
DIALYSIS	7	50	1,758.90	35.18	.001	251.27	.04
PATHOLOGY	984	1,514	24,318.63	16.06	.037	24.71	.59
RADIOLOGY	1,629	2,613	75 , 928.52	29.06	.064	46.61	1.86
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	219	484	8,206.26	16.96	.012	37.47	.20
OTHER SERVICES/ALL X-OVERS	1,670	5 , 245	96,494.78	18.40	.128	57.78	2.36
@ PHARMACY	13,326	63 , 582	\$ 3,700,847.03	\$ 58.21	1.555	\$ 277.72	\$ 90.53
PRESCRIPTION DRUGS	13,242	47,803	3,519,374.95	73.62	1.169	265.77	86.09
SNF/ICF	2,508	16,338	743,518.68	45.51	.400	296.46	18.19
OUTPATIENTS	10,832	31,465	2,775,856.27	88.22	.770	256.26	67.90
MEDICAL SUPPLIES	402	15 , 779	181,472.08	11.50		451.42	4.44
@DENTIST	2,083	7 , 577	\$ 312,605.54	\$ 41.26	.185	\$ 150.07	\$ 7.65
VISITS - DIAGNOSTIC	1,439	4,456	76,457.35	17.16	.109	53.13	1.87
ORAL SURGERY	243	759	36,560.25	48.17	.019	150.45	.89
DRUGS	125	144	2,643.75	18.36	.004	21.15	.06
ANESTHESIA	31	33	3,150.00	95.45	.001	101.61	.08
PERIODONTICS	18	23	2,535.00	110.22	.001	140.83	.06
ENDODONTICS	129	181	35,163.00	194.27	.004	272.58	.86
RESTORATIVE DENTISTRY	697	1,680	116,945.15	69.61	.041	167.78	2.86
PROSTHETICS	14	15	450.00	30.00		32.14	.01
DENTURES, STAYPLATES	88	196	30,722.04	156.75	.005	349.11	.75
SPACE MAINTAINERS	18	18	2,711.00	150.61	.000	150.61	.07

MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.000	48.00	.00
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.02
ORTHODONTIC SERVICES	39	52	4,045.00	77.79	.001	103.72	.10
ALL OTHER SERVICES	13	18	375.00	20.83	.000	28.85	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 8,682
MOP024	FEE-FOR-SERVICE/DENTA	AL.					01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES E	OR 43 MEDICAI	LLY NEEDY				

							M	ONT	HLY AVERA	GE	
40,881 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	430	1,208	\$	26,434.61	\$	21.88	.030	\$	61.48	\$.65
DIAGNOSTIC AND ANC. PROCED	241	242		11,262.33		46.54	.006		46.73		.28
EYE APPLIANCES	319	912		14,119.65		15.48	.022		44.26		.35
OTHER OPTOMETRIC SERVICES	44	54		1,052.63		19.49	.001		23.92		.03
@CHIROPRACTOR	148	226	\$	3,746.11	\$	16.58	.006	\$	25.31	\$.09
VISITS	146	223		3,728.56		16.72	.005		25.54		.09
OTHER SERVICES	2	3		17.55		5.85	.000		8.78		.00
@PODIATRIST	382	407	\$	4,815.79	\$	11.83	.010	\$	12.61	\$.12
MEDICINE/INJECTIONS	19	19		712.53		37.50	.000		37.50		.02
SURGERY/ANES.	2	2		103.14		51.57	.000		51.57		.00
RADIO./PATHOLOGY	2	2		34.60		17.30	.000		17.30		.00
OTHER	364	384		3,965.52		10.33	.009		10.89		.10
@HOME HEALTH AGENCY	45	208	\$	13,330.45	\$	64.09	.005	\$	296.23	\$.33
NURSE ANESTHESIST	4	61	\$	137.28	\$	2.25	.001	\$	34.32	\$.00
NURSE MIDWIFE	9	26	\$	1,024.93	\$	39.42	.001	\$	113.88	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$		\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	192	250	\$	6,232.21	\$	24.93	.006		32.46	\$.15
@TOTAL HOSPITAL	5,101	25,981	\$			97.81	.636	\$			62.16
HOSP INPATIENT TOTAL	464	1,969		1,904,995.69		967.49	.048		4105.59		46.60
HSC HOSPITALS	64	369		428,807.70		1162.08	.009		6700.12		10.49
NON-HSC HOSPITAL TOTAL	287	1,048		1,389,475.04		1325.83	.026		4841.38		33.99
ACCOMMODATIONS	64 287 287	1,048		372,553.65		355.49	.026		1298.10		9.11
ADMINISTRATIVE DAYS	1	21		4,657.23		221.77	.001		4657.23		.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	286	1,027		367,896.42		358.22	.025		1286.35		9.00
ANCILLARIES	287	0		1,016,921.39		.00	.000		3543.28		24.88
INPATIENT CROSSOVERS	118	552		86,712.95		157.09	.014		734.86		2.12
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4,800	24,012		636,326.37		26.50	.587		132.57		15.57
MEDICAL	629	832		29,258.52		35.17	.020		46.52		.72
SURGERY	471	528		16,324.71		30.92	.013		34.66		.40
PATHOLOGY	1,856	6,571		91,064.67		13.86	.161		49.07		2.23
RADIOLOGY	1,296	1,907		135,135.80		70.86	.047		104.27		3.31
ROOM USE	2,843	4,345		162,124.26		37.31	.106		57.03		3.97
CROSSOVERS/ALL OTH OUTPINT	2,303	9,829		202,418.41		20.59	.240		87.89		4.95
@COUNTY HOSPITAL TOTAL	6	50	\$	1,599.05	\$	31.98	.001	\$	266.51	\$.04
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	6	50	1,599.05	31.98	.001	266.51	.04
MEDICAL	4	4	177.39	44.35	.000	44.35	.00
SURGERY	1	3	63.94	21.31	.000	63.94	.00
PATHOLOGY	2	10	205.62	20.56	.000	102.81	.01
RADIOLOGY	1	2	40.12	20.06	.000	40.12	.00
ROOM USE	6	15	786.07	52.40	.000	131.01	.02
CROSSOVERS/ALL OTH OUTPTNT	4	16	325.91	20.37	.000	81.48	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 8,683
MOP024	FEE-FOR-SERVICE/DENTA	AL.					01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES E	OR 43 MEDICA	LLY NEEDY				
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NEVADA COUNTY	SUMMARY OF SER	VICES FOR 43 MEDIC	CALL	Y NEEDY					
							ONTHLY AVERA	AGE	
40,881 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAY:	S COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5 , 098	25 , 931	\$	2,539,723.01	\$ 97.94	.634		\$	62.12
COMM HOSP INPATIENT TOTAL	464	1,969		1,904,995.69	967.49	.048	4105.59		46.60
HSC HOSPITALS	64	369		428,807.70	1162.08	.009	6700.12		10.49
NON-HSC HOSPITALS TOTAL	287	1,048		1,389,475.04	1325.83	.026	4841.38		33.99
ACCOMMODATIONS	287	1,048		372,553.65	355.49	.026	1298.10		9.11
ADMINISTRATIVE DAYS	1	21		4,657.23	221.77	.001	4657.23		.11
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	286	1,027		367,896.42	358.22	.025	1286.35		9.00
ANCILLARIES	287	0		1,016,921.39	.00	.000	3543.28		24.88
INPATIENT CROSSOVERS	118	552		86,712.95	157.09	.014	734.86		2.12
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	4,797	23,962		634,727.32	26.49	.586	132.32		15.53
MEDICAL	626	828		29,081.13	35.12	.020	46.46		.71
SURGERY	470	525		16,260.77	30.97	.013	34.60		.40
PATHOLOGY	1,854	6 , 561		90,859.05	13.85	.160	49.01		2.22
RADIOLOGY	1,295	1,905		135,095.68	70.92	.047	104.32		3.30
ROOM USE	2,840	4,330		161,338.19	37.26	.106	56.81		3.95
CROSSOVERS/ALL OTH OUTPTNT		9,813		202,092.50	20.59	.240	87.87		4.94
@STATE HOSPITAL	2,300 7	212	\$	91,450.59	\$ 431.37	.005	\$ 13064.37	ċ	2.24
MENTALLY ILL	0	0	Ş	.00	.00	.000	.00	ې	.00
	7	212							
DEVELOP. DISABLED	2 , 882	87 , 879	\$	91,450.59 9,045,414.80	431.37 \$ 102.93	.005	13064.37 \$ 3138.59	Ċ	2.24 221.26
@NURSING FACILITY	2,882 0	•	P	• •				Þ	
LEV A-INTERMEDIATE	7	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	,	220		20,497.80	93.17	.005	2928.26		.50
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	•	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	2,876	87 , 659		9,024,917.00	102.95	2.144	3138.01		220.76
@INTERMEDIATE CARE FACILDD	31	1,061	\$	150,924.85	\$ 142.25	.026		Ş	3.69
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	14	495		54,752.25	110.61	.012	3910.88		1.34
ICF DDN/DDCN	17	566		96,172.60	169.92	.014	5657.21		2.35
@HEMODIALYSIS TOTAL	33	688	\$	39 , 736.71	\$ 57.76		\$ 1204.14	\$.97
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	33	688		39 , 736.71	57.76	.017	1204.14		.97
@REHABILITATION FACILITY	18	208	\$	3,675.49	\$ 17.67	.005	\$ 204.19	\$.09
HOSPITAL BASED	6	26		1,174.69	45.18	.001	195.78		.03
INDEPENDENT FACILITY	12	182		2,500.80	13.74	.004	208.40		.06
@LABORATORY FACILITY	719	1,734	\$	30,307.22	\$ 17.48	.042	\$ 42.15	\$.74
PATHOLOGY	710	1,499		30,143.07	20.11	.037	42.46		.74
XO AND OTHERS	9	235		164.15	.70	.006	18.24		.00
@ORGANIZED OUTPATIENT CLINIC	1,764	3 , 576	\$	343,035.60	\$ 95.93	.087	\$ 194.46	\$	8.39
CLINIC	401	1,248		35,716.15	28.62	.031	89.07		.87

150 31 5,183.39 34.56 .004 167.21 .13 SURGICENTER 1,351 2,174 302,077.66 138.95 .053
MEDI-CAL SERVICES AND EXPENDITURES MONEY 27 58.40 HEROIN DETOX CLINIC .00 .053 223.60 7.39 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,684 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 NEVADA COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

								Mo	TNC	HLY AVERA	GΕ	
40,881 ELIGIBLES	USERS	UNITS OF SERVIC	E	E	KPENDITURES	A	VERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CAR	E			Р	ER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	2,267	34,237	\$		511,738.09	\$	14.95	.837	\$	225.73	\$	12.52
DURABLE MED. EQUIP.	181	688			74,119.72		107.73	.017		409.50		1.81
BLOOD BANK	1	10			153.00		15.30	.000		153.00		.00
HEARING AID DISPENSERS	33	48			9,912.19		206.50	.001		300.37		.24
MEDICAL TRANSPORTATION	222	6 , 687			69,426.14		10.38	.164		312.73		1.70
AMBULANCES/AIR TRANS	139	1,982			37,216.42		18.78	.048		267.74		.91
OTHER TRANS	49	3 , 536			10,556.72		2.99	.086		215.44		.26
OTHER SERVICES	47	1,169			21,653.00		18.52	.029		460.70		.53
ACUPUNCTURE	1	3			59.47		19.82	.000		59.47		.00
ADULT DAY HEALTH CARE CTR	36	421			28,171.68		66.92	.010		782.55		.69
GENETIC DISEASE TESTING	127	127			9,989.00		78.65	.003		78.65		.24
IHMC, MODEL-NF, NF, AIDS, MSSP	61	811			42,068.96		51.87	.020		689.66		1.03
OCCUPATIONAL THERAPIST	2	22			294.22		13.37	.001		147.11		.01
OPTICIAN	400	900			9,389.99		10.43	.022		23.47		.23
PHYSICAL THERAPIST	1	1			34.84		34.84	.000		34.84		.00
PORTABLE X-RAY	14	26			101.27		3.90	.001		7.23		.00
PROSTHETIST/ORTHOTISTS	40	68			3,948.54		58.07	.002		98.71		.10
PROSTHETICS	36	62			3,731.07		60.18	.002		103.64		.09
ORTHOTICS	4	6			217.47		36.25	.000		54.37		.01
PSYCHOLOGIST	6	22			351.07		15.96	.001		58.51		.01
SPEECH AND AUDIOLOGY	46	78			11,552.92		148.11	.002		251.15		.28
HOSPICE SERVICES	72	1,669			168,461.41		100.94	.041		2339.74		4.12
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	822	16,232			64,071.11		3.95	.397		77.95		1.57
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	275	6,424			19,632.56		3.06	.157		71.39		.48
@CALIF. CHILDREN SERVICES*	122	1,432	\$		262,290.51	\$	183.16	.035	\$	2149.92	\$	6.42
@XOVER EXCLUDING STATE HOSP**	2,186	13,815	\$		411,399.47	\$	29.78	.338	\$	188.20	\$	10.06

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,685 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

						MON	ITHLY AVERAG	SE
2,182 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	877	52 , 329	\$	330,513.75	\$ 6.32	23.982	376.87	\$ 151.47
@PHYSICIANS SERVICES	378	903	\$	37,160.51	\$ 41.15	.414	98.31	\$ 17.03
OUTPATIENT VISITS	292	413		14,851.59	35.96	.189	50.86	6.81
OFFICE VISITS	206	267		8,003.88	29.98	.122	38.85	3.67
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	92	120		5,251.04	43.76	.055	57.08	2.41
PREVENTIVE CARE	2	2		120.61	60.31	.001	60.31	.06
OB VISITS/COMPRE PERI	9	17		1,319,65	77.63	.008	146.63	. 60

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	7	7		156.41	22.34	.003		22.34		.07
INPATIENT VISITS	19	42		1,672.78	39.83	.019		88.04		.77
HOSPITAL VISITS	19	42		1,672.78	39.83	.019		88.04		.77
CRITICAL CARE	0	0		.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	6	6		268.31	44.72	.003		44.72		.12
EXAMINATIONS	6	6		268.31	44.72	.003		44.72		.12
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	12	65		6,623.71	101.90	.030		551.98		3.04
PRINCIPAL SURGEON	7	7		4,664.76	666.39	.003		666.39		2.14
ASSISTANT SURGEON	1	1		186.50	186.50	.000		186.50		.09
ANESTHESIOLOGIST	8	57		1,772.45	31.10	.026		221.56		.81
OUTPATIENT SURGERY	36	77		4,586.24	59.56	.035		127.40		2.10
PRINCIPAL SURGEON	33	52		3,919.17	75.37	.024		118.76		1.80
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	9	25		667.07	26.68	.011		74.12		.31
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	42	60		721.47	12.02	.027		17.18		.33
RADIOLOGY	62	90		3,587.54	39.86	.041		57.86		1.64
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	17	33		1,615.59	48.96	.015		95.03		.74
OTHER SERVICES/ALL X-OVERS	51	117		3,233.28	27.63	.054		63.40		1.48
@PHARMACY	388	1,636	\$		\$ 32.73	.750	\$	138.00	\$	24.54
PRESCRIPTION DRUGS	383	822		50,510.92	61.45	.377		131.88		23.15
SNF/ICF	12	80		13,734.23	171.68	.037		1144.52		6.29
OUTPATIENTS	372	742		36,776.69	49.56	.340		98.86		16.85
MEDICAL SUPPLIES	17	814		3,034.57	3.73	.373		178.50		1.39
@DENTIST	110	449	\$	13,661.50		.206	\$	124.20	\$	6.26
VISITS - DIAGNOSTIC	84	302		5,309.50	17.58	.138		63.21		2.43
ORAL SURGERY	13	29		1,909.00	65.83	.013		146.85		.87
DRUGS	9	10		200.00	20.00	.005		22.22		.09
ANESTHESIA	3	3		300.00	100.00	.001		100.00		.14
PERIODONTICS	2	3		55.00	18.33	.001		27.50		.03
ENDODONTICS	5	8		946.00	118.25	.004		189.20		.43
RESTORATIVE DENTISTRY	35	90		4,737.00	52.63	.041		135.34		2.17
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	2	2		120.00	60.00	.001		60.00		.05
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.000		50.00		.02
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		35.00	35.00	.000		35.00		.02
ALL OTHER SERVICES	1	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES I				DEC		P	AGE 8,686
MOP024	FEE-FOR-SERVICE/DEN	TAL								01/17/03
		44 44			4- 4 4 5 5	- 00				

----- MONTHLY AVERAGE -----2,182 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE 62.41 \$ @OPTOMETRIST 18 42 \$ 1,123.43 \$ 26.75 .019 \$.51 16 16 759.14 47.45 .007 47.45 .35 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 9 26 364.29 14.01 .012 40.48 .17 .00 0 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .000 28 \$.19 16 404.80 \$ 14.46 .013 \$ 25.30 \$ @CHIROPRACTOR VISITS 15 23 384.56 16.72 .011 25.64 .18 20.24 OTHER SERVICES 1 5 4.05 .002 20.24 .01 @PODIATRIST .00 \$.00 .000 \$.00 \$.00

SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

NEVADA COUNTY

MEDICINE/INJECTIONS	0	Ο		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	9	1,354	Ś	26,915.37	\$ 1	9.88	.621	Ś	2990.60	Ś	12.34
NURSE ANESTHESIST	0	0	Ś	.00	Ś	.00	.000	\$.00	Š	.00
NURSE MIDWIFE	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
FAMILY NURSE PRACTITIONER	5	6	\$	159.56	\$ 2	6.59	.003	Ś	31.91	Ś	.07
@TOTAL HOSPITAL	206	1,095	\$	73,869.43		7.46	.502	\$	358.59	\$	33.85
HOSP INPATIENT TOTAL	19	43	·	46,838.61		9.27	.020		2465.19		21.47
HSC HOSPITALS	6	10		12,485.05		8.51	.005		2080.84		5.72
NON-HSC HOSPITAL TOTAL	13	33		34,353.56		1.02	.015		2642.58		15.74
ACCOMMODATIONS	13	33		9,962.25	30	1.89	.015		766.33		4.57
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	13	33		9,962.25	30	1.89	.015		766.33		4.57
ANCILLARIES	13	0		24,391.31		.00	.000		1876.25		11.18
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	191	1,052		27,030.82	2	5.69	.482		141.52		12.39
MEDICAL	30	40		1,561.77	3	9.04	.018		52.06		.72
SURGERY	27	32		846.61	2	6.46	.015		31.36		.39
PATHOLOGY	83	317		4,483.26	1	4.14	.145		54.02		2.05
RADIOLOGY	43	65		3,545.20	5	4.54	.030		82.45		1.62
ROOM USE	143	229		8,601.80	3	7.56	.105		60.15		3.94
CROSSOVERS/ALL OTH OUTPINT	96	369		7,992.18		1.66	.169		83.25		3.66
@COUNTY HOSPITAL TOTAL	1	1	\$	33.42	\$ 3	3.42		\$	33.42	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	33.42	33.42	.000	33.42	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.42	33.42	.000	33.42	.02
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON'	TH-OF-PAYMENT REPORT	FOR JAN	2002 THRU	DEC 2002	PAGE 8,687
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FO	OR 44 MIC - NO S	OC 03 04 2A 45 4A 4K	4M 5K 7I	. 82		
					Mo	ONTHLY AVERAG	E

2,182 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST		COST PER	C	OST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	205	1,094	\$	73,836.01	\$ 67.49	.501	\$ 360.18	\$	33.84
COMM HOSP INPATIENT TOTAL	19	43		46,838.61	1089.27	.020	2465.19		21.47
HSC HOSPITALS	6	10		12,485.05	1248.51	.005	2080.84		5.72
NON-HSC HOSPITALS TOTAL	13	33		34,353.56	1041.02	.015	2642.58		15.74
ACCOMMODATIONS	13	33		9,962.25	301.89	.015	766.33		4.57
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	13	33		9,962.25	301.89	.015	766.33		4.57
ANCILLARIES	13	0		24,391.31	.00	.000	1876.25		11.18
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	190	1,051		26,997.40	25.69	.482	142.09		12.37
MEDICAL	30	40		1,561.77	39.04	.018	52.06		.72
SURGERY	27	32		846.61	26.46	.015	31.36		.39
PATHOLOGY	83	317		4,483.26	14.14	.145	54.02		2.05
RADIOLOGY	43	65		3,545.20	54.54	.030	82.45		1.62
ROOM USE	142	228		8,568.38	37.58	.104	60.34		3.93
CROSSOVERS/ALL OTH OUTPINT	96	369		7,992.18	21.66	.169	83.25		3.66
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	11	356	\$	52,748.52		.163		\$	24.17
ICF DDH	11	356		52,748.52	148.17	.163	4795.32		24.17
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	7	24	\$	341.19	\$ 14.22	.011		\$.16
HOSPITAL BASED	2	2		64.00	32.00	.001	32.00		.03

INDEPENDENT FACILITY	5	22	277.19		12.60	.010	55.44		.13
@LABORATORY FACILITY	51	122 \$	2,325.01	\$	19.06	.056	\$ 45.59	\$	1.07
PATHOLOGY	51	122	2,325.01		19.06	.056	45.59		1.07
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	69	184 \$	12,710.92	\$	69.08	.084	\$ 184.22	\$	5.83
CLINIC	35	125	3,105.19		24.84	.057	88.72		1.42
SURGICENTER	1	2	31.82		15.91	.001	31.82		.01
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	35	57	9,573.91		167.96	.026	273.54		4.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU I	DEC 2002	PAG	E 8,688
MOP024	FEE-FOR-SERVICE/DEN	TAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES	FOR 44 MTC - 1	JO SOC 03 04 2A 45	4A 4K	4M 5K 7	г 82			

----- MONTHLY AVERAGE -----2,182 ELIGIBLES
USERS
OR DAYS OF CARE
OR DAYS OF CARE
ALL OTHER PROVIDERS
139
46,130
55,548.02
120
21.141
399.63
25.46
DURABLE MED. EQUIP.
11
51
18,680.90
366.29
.023
1698.26
8.56

		ON DAIS OF CAN	Li .		IDN ONII/DAI	TER EDIO	ODLIC	
@ALL OTHER PROVIDERS	139	46,130	\$	55,548.02	\$ 1.20	21.141	\$ 399.63	\$ 25.46
DURABLE MED. EQUIP.	11	51		18,680.90	366.29	.023	1698.26	8.56
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	102		1,612.54	15.81	.047	179.17	.74
AMBULANCES/AIR TRANS	9	102		1,612.54	15.81	.047	179.17	.74
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4		420.00	105.00	.002	105.00	.19
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	14	29		265.76	9.16	.013	18.98	.12
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	9		1,375.42	152.82	.004	458.47	.63
PROSTHETICS	3	9		1,375.42	152.82	.004	458.47	.63
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	10		1,524.41	152.44	.005	254.07	.70
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	61	4,909		22,831.88	4.65	2.250	374.29	10.46
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	41,016		8,837.11	.22	18.797	245.48	4.05
@CALIF. CHILDREN SERVICES*	43	1,358	\$	32,642.91	\$ 24.04	.622	\$ 759.14	\$ 14.96
@XOVER EXCLUDING STATE HOSP**	2	6	\$	47.22	\$ 7.87	.003	\$ 23.61	\$.02

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,689
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

						GE		
60 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	93	1,578	\$	112,396.41	\$ 71.23	26.300 \$	1208.56	\$ 1873.27
@PHYSICIANS SERVICES	45	292	\$	21,387,21	\$ 73.24	4.867 \$	475.27	\$ 356.45

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	17	21	990.58	47.17	.350	58.27		16.51
OFFICE VISITS	5	7	256.82	36.69	.117	51.36		4.28
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	9	10	526.85	52.69	.167	58.54		8.78
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	3	4	206.91	51.73	.067	68.97		3.45
INPATIENT VISITS	10	77	5,890.70	76.50	1.283	589.07		98.18
HOSPITAL VISITS	10	67	3,907.70	58.32	1.117	390.77		65.13
	3	10						33.05
CRITICAL CARE			1,983.00	198.30	.167	661.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	9	91	9,417.07	103.48	1.517	1046.34		156.95
PRINCIPAL SURGEON	6	12	6 , 728.95	560.75	.200	1121.49		112.15
ASSISTANT SURGEON	1	1	520.10	520.10	.017	520.10		8.67
ANESTHESIOLOGIST	5	78	2,168.02	27.80	1.300	433.60		36.13
OUTPATIENT SURGERY	5	14	975.60	69.69	.233	195.12		16.26
PRINCIPAL SURGEON	4	5	798.93	159.79	.083	199.73		13.32
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	9	176.67	19.63	.150	176.67		2.94
DIALYSIS	2	2	854.12	427.06	.033	427.06		14.24
PATHOLOGY	7	29	1,645.70	56.75	.483	235.10		27.43
	14	29						11.22
RADIOLOGY	0		672.90	24.92	.450	48.06		
PSYCHIATRY	•	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	13	31	940.54	30.34	.517	72.35		15.68
@PHARMACY	11	25 \$	947.11	\$ 37.88	.417 \$		\$	15.79
PRESCRIPTION DRUGS	9	18	404.29	22.46	.300	44.92		6.74
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	9	18	404.29	22.46	.300	44.92		6.74
MEDICAL SUPPLIES	2	7	542.82	77.55	.117	271.41		9.05
@DENTIST	6	33 \$	743.00	\$ 22.52	.550 \$	123.83	\$	12.38
VISITS - DIAGNOSTIC	6	18	285.00	15.83	.300	47.50		4.75
ORAL SURGERY	1	2	83.00	41.50	.033	83.00		1.38
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	2	13	375.00	28.85	.217	187.50		6.25
PROSTHETICS	0	0	.00	.00	.000	.00		.00
	0	0				.00		
DENTURES, STAYPLATES	0	0	.00	.00	.000			.00
SPACE MAINTAINERS	•		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MOI	NTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PF	AGE 8,690
MOP024	FEE-FOR-SERVICE	L/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 45 MIC - SOC		AID CO	ODE			
					MON	THLY AVERA	GE -	
60 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@OPTOMETRIST	4	8 \$	206.74	\$ 25.84	.133 \$	51.69	\$	3.45
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.050	47.45		2.37

EYE APPLIANCES	2	5		64.39		12.88	.083		32.20		1.07
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	6	910	\$	26,763.10	\$	29.41	15.167	\$	4460.52	\$	446.05
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	Ś	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	29	165	Ś	55,919.24	\$	338.90	2.750	Ś	1928.25	\$	931.99
HOSP INPATIENT TOTAL	10	41	7	52,514.28	-	1280.84	.683	7	5251.43	Т.	875.24
HSC HOSPITALS	6	35		42,660.00		1218.86	.583		7110.00		711.00
NON-HSC HOSPITAL TOTAL	4	6		9,854.28		1642.38	.100		2463.57		164.24
ACCOMMODATIONS	4	6		747.09		124.52	.100		186.77		12.45
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	6		747.09		124.52	.100		186.77		12.45
ANCILLARIES	4	0		9,107.19		.00	.000		2276.80		151.79
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00			.000		.00		.00
	22	124				.00					56.75
HOSP OUTPATIENT TOTAL				3,404.96		27.46	2.067		154.77		
MEDICAL	3	3		50.54		16.85	.050		16.85		.84
SURGERY	5	6		125.64		20.94	.100		25.13		2.09
PATHOLOGY	9	27		136.92		5.07	.450		15.21		2.28
RADIOLOGY	12	27		1,482.68		54.91	.450		123.56		24.71
ROOM USE	20	31		1,309.12		42.23	.517		65.46		21.82
CROSSOVERS/ALL OTH OUTPTNT	14	30		300.06		10.00	.500		21.43		5.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
		CES AND EXPENDIT	JRES M	ONTH-OF-PAYMENT R	REPOR					P.	AGE 8,691
MOP024	FEE-FOR-SERVICE										01/17/03
NEVADA COUNTY		ICES FOR 45 MI	c - so	С		AID C	ODE				
								ONT	HLY AVERA	GE ·	
60 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER

		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	29	165	\$	55,919.24	\$ 338.90	2.750	\$ 1928.2	5 \$	931.99
COMM HOSP INPATIENT TOTAL	10	41		52,514.28	1280.84	.683	5251.4	3	875.24
HSC HOSPITALS	6	35		42,660.00	1218.86	.583	7110.0	0	711.00
NON-HSC HOSPITALS TOTAL	4	6		9,854.28	1642.38	.100	2463.5	7	164.24
ACCOMMODATIONS	4	6		747.09	124.52	.100	186.7	7	12.45
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.0	0	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.0	0	.00
ALL OTHER ACCOM	4	6		747.09	124.52	.100	186.7	7	12.45
ANCILLARIES	4	0		9,107.19	.00	.000	2276.8	0	151.79
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.0	0	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.0	0	.00
COMM HOSP OUTPATIENT TOTAL	22	124		3,404.96	27.46	2.067	154.7	7	56.75
MEDICAL	3	3		50.54	16.85	.050	16.8	5	.84
SURGERY	5	6		125.64	20.94	.100	25.1	3	2.09
PATHOLOGY	9	27		136.92	5.07	.450	15.2	1	2.28
RADIOLOGY	12	27		1,482.68	54.91	.450	123.5	6	24.71
ROOM USE	20	31		1,309.12	42.23	.517	65.4	6	21.82
CROSSOVERS/ALL OTH OUTPTNT	14	30		300.06	10.00	.500	21.4	3	5.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
MENTALLY ILL	0	0		.00	.00	.000	.0	0	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.0	0	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.0	0	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.0	0	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.0	0	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.0	0	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.0	0	.00
LEV B-REGULAR	0	0		.00	.00	.000	.0	0	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
ICF DDH	0	0		.00	.00	.000	.0	0	.00
ICF DD	0	0		.00	.00	.000	.0	0	.00

ICF DDN/DDCN	0	0	.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	2 \$	3,674.12	\$	1837.06	.033	\$	3674.12	\$	61.24
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	1	2	3,674.12	2	1837.06	.033		3674.12		61.24
@REHABILITATION FACILITY	0	0 \$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00)	.00	.000		.00		.00
@LABORATORY FACILITY	2	2 \$	72.70) \$	36.35	.033	\$	36.35	\$	1.21
PATHOLOGY	2	2	72.70)	36.35	.033		36.35		1.21
XO AND OTHERS	0	0	.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	10 \$	1,535.14	ļ \$	153.51	.167	\$	511.71	\$	25.59
CLINIC	2	3	102.34	l	34.11	.050		51.17		1.71
SURGICENTER	0	0	.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	2	7	1,432.80)	204.69	.117		716.40		23.88
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 20	02 THRU	DEC	2002	P	AGE 8,692
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	45 MIC -	SOC		AID COD	Έ				

----- MONTHLY AVERAGE -----60 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 8 131 1,148.05 8.76 2.183 \$ 143.51 \$ 19.13 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .000 HEARING AID DISPENSERS 0 .00 .00 .00 113 764.09 6.76 254.70 MEDICAL TRANSPORTATION 1.883 12.73 113 764.09 6.76 1.883 254.70 12.73 AMBULANCES/AIR TRANS OTHER TRANS 0 .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .00 ACUPUNCTURE .000 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 OPTICIAN 16.64 8.32 .033 16.64 .28 .00 PHYSICAL THERAPIST .00 .000 .00 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 PROSTHETIST/ORTHOTISTS 234.88 58.72 .067 234.88 3.91 PROSTHETICS 234.88 58.72 .067 234.88 3.91 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 132.44 11.04 .200 44.15 2.21 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 .00 0 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 .000 ALL OTHER PROVIDERS 0 .00 .00 .00 .000 .00 @CALIF. CHILDREN SERVICES* 62,980.11 276.23 3.800 \$ 3936.26 \$ 1049.67 .00 .000 \$.00 \$ @XOVER EXCLUDING STATE HOSP** .00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

MOP024

NEVADA COUNTY	SUMMARY OF SERV	VICES FOR 46 MEDICALLY	Y INDIGENT CHILDRE	ΞN	MONT		2.0
2,242 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON		COST PER
Z,Z4Z ELIGIBLES	USEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	970 423 309 211 0 101 2 9	53,907 \$	442,910.16	\$ 8.22	24.044 \$		\$ 197.55
@PHYSICIANS SERVICES	422	1,195 \$	58,547.72		.533 \$		
OUTPATIENT VISITS	423	434		36.50	.194	51.27	7.07
OUTPATIENT VISITS	309		15,842.17				
OFFICE VISITS	211	274	8,260.70	30.15	.122	39.15	3.68
HOME VISITS	101	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	101	130	5,777.89	44.45	.058	57.21	2.58
PREVENTIVE CARE	2	2	120.61	60.31	.001	60.31	.05
OB VISITS/COMPRE PERI	9	17	1,319.65	77.63	.008	146.63	.59
OTHER OUTPATIENT	10	11	363.32	33.03	.005	36.33	.16
INITITINI VIDIID	2.7	119	7,563.48	63.56	.053	260.81	3.37
HOSPITAL VISITS	29	109	5 , 580.48	51.20	.049	192.43	2.49
CRITICAL CARE	3	10	1,983.00	198.30	.004	661.00	.88
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6	268.31	44.72	.003	44.72	.12
EXAMINATIONS	6	6	268.31	44.72	.003	44.72	.12
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		156	16,040.78	102.83	.070	763.85	7.15
PRINCIPAL SURGEON	13	19	11,393.71	599.67	.008	876.44	5.08
ASSISTANT SURGEON	2	2	706.60	353.30	.001	353.30	.32
ANESTHESIOLOGIST	13	135	3,940.47	29.19	.060	303.11	1.76
OUTPATIENT SURGERY	41	91	5,561.84	61.12	.041	135.65	2.48
PRINCIPAL SURGEON	37	57	4,718.10	82.77	.025	127.52	2.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	34	843.74	24.82	.015	84.37	.38
DIALYSIS	41 37 0 10 2 49 76	2	854.12	427.06	.001	427.06	.38
PATHOLOGY	49	89	2,367.17	26.60	.040	48.31	1.06
RADIOLOGY	76	117	4,260.44	36.41	.052	56.06	1.90
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	33	1,615.59	48.96	.015	95.03	.72
OTHER SERVICES/ALL X-OVERS	64	148	4,173.82	28.20	.066	65.22	1.86
@PHARMACY	64 399	1,661 \$		\$ 32.81	.741 \$		
	200	840	50,915.21	60.61	.375	129.89	22.71
SNF/ICF	12	80	13,734.23	171.68	.036	1144.52	6.13
OUTPATIENTS	3.21	760	37,180.98	48.92	.339	97.59	16.58
MEDICAL SUPPLIES	19	821	3,577.39	4.36	.366	188.28	1.60
@DENTIST	392 12 381 19 116 90 14 9	482 \$	14,404.50		.215 \$		
VISITS - DIAGNOSTIC	110	320	5,594.50	17.48	.143	62.16	2.50
ORAL SURGERY	1.4	320	1,992.00	64.26	.014	142.29	.89
DRUGS	14	10	200.00	20.00	.004	22.22	.09
DRUGS	9	3					
ANESTHESIA	3		300.00	100.00	.001	100.00	.13
PERIODONTICS	∠ -	3	55.00	18.33	.001	27.50	.02
ENDODONTICS	5	8	946.00	118.25	.004	189.20	.42
	37	103	5,112.00	49.63		138.16	2.28
PROSTHETICS	0	Ü	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	2	120.00	60.00	.001	60.00	.05
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.02
FRACTURES, DISLOCATIONS							
•	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0 1	0 1	35.00	35.00	.000	35.00	.02
•	0 1 1	0 1 0 CES AND EXPENDITURES MO	35.00 .00	35.00 .00	.000	35.00 .00	

01/17/03

FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY	SUMMARY OF SER	VICES FOR 46 MEDI	CALL	Y INDIGENT CHILDRE	ΞN		M	ONT	HIV AMERA	CF	
2,242 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7. 7. 7.	ERAGE COST				1GL	COST PER
5,242 phidiphp3	CALCO			EXPENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	22	OR DAYS OF CARE	\$	1,330.17	\$	26.60	.022		60.46	ċ	.59
DIAGNOSTIC AND ANC. PROCED	19	19	Ą	901.49	Ą	47.45	.022	Ą	47.45	ې	.40
EYE APPLIANCES	11	31		428.68		13.83	.014		38.97		.19
OTHER OPTOMETRIC SERVICES	0	0	_	.00	_	.00	.000	_	.00	_	.00
@CHIROPRACTOR	16	28	\$	404.80	\$	14.46	.012	Ş	25.30	Ş	.18
VISITS	15	23		384.56		16.72	.010		25.64		.17
OTHER SERVICES	1	5		20.24		4.05	.002		20.24		.01
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	15	2,264	\$	53,678.47	\$	23.71	1.010	\$	3578.56	\$	23.94
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	5	6	\$	159.56	\$	26.59	.003	\$	31.91	\$.07
@TOTAL HOSPITAL	235	1,260	\$	129,788.67	\$.562		552.29	\$	57.89
HOSP INPATIENT TOTAL	29	84	т	99,352.89	т	1182.77	.037	т	3425.96	т	44.31
HSC HOSPITALS	12	45		55,145.05		1225.45	.020		4595.42		24.60
NON-HSC HOSPITAL TOTAL	17	39		44,207.84		1133.53	.017		2600.46		19.72
ACCOMMODATIONS	17	39		10,709.34		274.60	.017		629.96		4.78
	0	0		•							
ADMINISTRATIVE DAYS				.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	17	39		10,709.34		274.60	.017		629.96		4.78
ANCILLARIES	17	0		33,498.50		.00	.000		1970.50		14.94
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	213	1,176		30,435.78		25.88	.525		142.89		13.58
MEDICAL	33	43		1,612.31		37.50	.019		48.86		.72
SURGERY	32	38		972.25		25.59	.017		30.38		.43
PATHOLOGY	92	344		4,620.18		13.43	.153		50.22		2.06
RADIOLOGY	55	92		5,027.88		54.65	.041		91.42		2.24
ROOM USE	163	260		9,910.92		38.12	.116		60.80		4.42
CROSSOVERS/ALL OTH OUTPTNT	110	399		8,292.24		20.78	.178		75.38		3.70
@COUNTY HOSPITAL TOTAL	1	1	\$	33.42	\$	33.42	.000	\$	33.42	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	1										
CO HOSP OUTPATIENT TOTAL	0	1		33.42		33.42	.000		33.42		.01
MEDICAL		•		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		33.42		33.42	.000		33.42		.01

FEE-FOR-SERVICE/DENTAL

MOP024 EΝ 01/17/03

NEVADA COUNTY	SUMMARY	OF	SERVICES	FOR	46	MEDICALLY	INDIGENT	CHILDREN

1.2.11211 0001.11	00111111111 01 01111	. 1020 1010 10 11201	01122	1 11,0101,11 01,111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		N	тиом	HLY AVERA	GE.	
2,242 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	s av	ERAGE COST			COST PER		COST PER
2,212 221012220	00210	OR DAYS OF CARE		2111 211 2 1 0 1 1 2 1		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	234	1,259	Ś	129,755.25			.562		554.51		57.87
COMM HOSP INPATIENT TOTAL	29	84	т	99,352.89		1182.77	.037	т	3425.96	т	44.31
HSC HOSPITALS	12	45		55,145.05		1225.45	.020		4595.42		24.60
NON-HSC HOSPITALS TOTAL	17	39		44,207.84		1133.53	.017		2600.46		19.72
ACCOMMODATIONS	17	39		10,709.34		274.60	.017		629.96		4.78
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	17	39							629.96		4.78
ALL OTHER ACCOM	17	0		10,709.34		274.60 .00	.017		1970.50		
ANCILLARIES	0	0		33,498.50			.000				14.94
INPATIENT CROSSOVERS	-	_		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	212	1,175		30,402.36		25.87	.524		143.41		13.56
MEDICAL	33	43		1,612.31		37.50	.019		48.86		.72
SURGERY	32	38		972.25		25.59	.017		30.38		.43
PATHOLOGY	92	344		4,620.18		13.43	.153		50.22		2.06
RADIOLOGY	55	92		5,027.88		54.65	.041		91.42		2.24
ROOM USE	162	259		9,877.50		38.14	.116		60.97		4.41
CROSSOVERS/ALL OTH OUTPTNT	110	399		8,292.24		20.78	.178		75.38		3.70
@STATE HOSPITAL	0	0	\$.00		.00	.000	\$		\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00		.00	.000	\$		\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00)	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00)	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	11	356	\$	52,748.52	2 \$	148.17	.159	\$	4795.32	\$	23.53
ICF DDH	11	356		52,748.52	2	148.17	.159		4795.32		23.53
ICF DD	0	0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	2	\$	3,674.12	2 \$	1837.06	.001	\$	3674.12	\$	1.64
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	1	2		3,674.12	2	1837.06	.001		3674.12		1.64
@REHABILITATION FACILITY	7	24	\$	341.19	9 \$	14.22	.011	\$	48.74	\$.15
HOSPITAL BASED	2	2		64.00)	32.00	.001		32.00		.03
INDEPENDENT FACILITY	5	22		277.19	9	12.60	.010		55.44		.12
@LABORATORY FACILITY	53	124	\$	2,397.71	1 \$	19.34	.055	\$	45.24	\$	1.07
PATHOLOGY	53	124		2,397.71		19.34	.055		45.24		1.07
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	72	194	\$	14,246.06	5 \$	73.43	.087	\$		\$	6.35
CLINIC	37	128		3,207.53		25.06	.057		86.69		1.43
SURGICENTER	1	2		31.82		15.91	.001		31.82		.01
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	37	64		11,006.71		171.98	.029		297.48		4.91
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES M					DEC		Р	AGE 8,696
MOP024	FEE-FOR-SERVICE									_	01/17/03
NEVADA COUNTY		JICES FOR 46 MEDI	CALL	Y INDIGENT CHILE	OREN						. ,,

2,242 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	147	46,261 \$	56,696.07	\$ 1.23	20.634 \$	385.69	\$ 25.29
DURABLE MED. EQUIP.	11	51	18,680.90	366.29	.023	1698.26	8.33
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	215	2,376.63	11.05	.096	198.05	1.06
AMBULANCES/AIR TRANS	12	215	2,376.63	11.05	.096	198.05	1.06
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	420.00	105.00	.002	105.00	.19
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	31	282.40	9.11	.014	18.83	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	13	1,610.30	123.87	.006	402.58	.72
PROSTHETICS	4	13	1,610.30	123.87	.006	402.58	.72
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	10	1,524.41	152.44	.004	254.07	.68
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	64	4,921	22,964.32	4.67	2.195	358.82	10.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	41,016	8,837.11	.22	18.294	245.48	3.94
@CALIF. CHILDREN SERVICES*	59	1,586 \$	95,623.02	\$ 60.29	.707 \$	1620.73	\$ 42.65

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP** 2 6 \$ 47.22 \$ 7.87 .003 \$ 23.61 \$.02

01/17/03

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS

ANESTHESIA

PERIODONTICS

RESTORATIVE DENTISTRY

DENTURES, STAYPLATES

SPACE MAINTAINERS

ENDODONTICS

PROSTHETICS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,697

MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 \$ 0 .00 \$. 00 .000 \$.00 \$. 00 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES Ω Ω .00 \$.00 .000 \$.00 \$. 00 . 00 OUTPATIENT VISITS Ω .00 . 000 . 0.0 .00 .00 OFFICE VISITS .00 .000 .00 .00 .00 .00 .00 .00 .000 HOME VISITS EMERGENCY ROOM .00 .000 .00 .00 .00 .00 .00 PREVENTIVE CARE .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 OTHER OUTPATIENT .000 .00 .00 .00 INPATIENT VISITS HOSPITAL VISITS .00 .000 . 00 .00 .00 .00 CRITICAL CARE .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 .000 .00 EXAMINATIONS .00 .000 .00 .00 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .000 .00 .00 .000 PRINCIPAL SURGEON .00 .00 . 00 . 00 .00 . 00 ASSISTANT SURGEON .00 .000 . 00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .000 .00 OUTPATIENT SURGERY .00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 DIALYSIS .00 .00 .000 .00 .00 .00 .000 .00 .00 . 00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .00 .000 .00 PSYCHIATRY IMMUNIZATION AND INJECTION .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS .00 .00 .000 .00 .00 .00 \$ @ PHARMACY 0 .00 .000 \$.00 \$.00 PRESCRIPTION DRUGS .00 .00 .000 .00 .00 SNF/ICF .00 .00 .000 .00 .00 Ω .00 . 00 .000 . 00 . 00 OUTPATIENTS .000 .00 .00 .00 . 00 MEDICAL SUPPLIES .00 \$.00 .000 \$.00 \$.00 @DENTIST .00 .000 .00 VISITS - DIAGNOSTIC .00 .00 .000 .00 ORAL SURGERY .00 .00 .00

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MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	0
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	0
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	0
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	0
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 8,6	698
MOP024	FEE-FOR-SERVICE/DENT	PAL PAL					01/17,	/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

NEVADA COUNTY	SUMMARY OF SER	VICES FOR 4/ MIA	- NO	SOC - AID PAID PE	SNDIN	G AID CO				~=	
00							MO				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	(COST PER
_		OR DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	Ś	.00		Ś	.00	Ś	.00
HOSP INPATIENT TOTAL	0	0		.00	·	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
	0	0	\$		\$			ċ		ċ	
@COUNTY HOSPITAL TOTAL	0	0	Þ	.00	Ş	.00	.000	Ş	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0									
HSC HOSPITALS	U	· ·		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 200)2 THRU DEC	2002	PAGE 8,699
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FO	OR 47 MIA - NC	SOC - AID PAID PENDING	AID CODE	E		
					3.603.TET.	TT TT B T T T T T T T T T	

O	NEVADA COUNTY	SUMMARY OF SER	VICES FOR 47 MIA	- NO	SOC - AID PAID PI	ENDING	AID CC	DE			01/1//05
COMMUNITY HOSPITAL TOTAL	1.2 11.211 0001.11	00111111111 01 0211	11020 1010 17 11211	2.0			1112 00		NTHLY AVER	AGE	
COMMUNITY HOSPITAL TOTAL	00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
COMM HOSE INPATIENT TOTAL			OR DAYS OF CARE	:		PER 1	UNIT/DAY	PER ELIG	USER		ELIGIBLE
HSC HOSPITALS NON-HSC HOSPITALS TOTAL O O O O O O O O O O O O O	@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
NON-HSC MOSETTALS TOTAL 0	COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O ALL OTHER ACCOM O O ALL OTHER ACCOM O O ANCILLARIES O O O O O O O O O O O O O	NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ACCOMMODATIONS	0	0				.00		.00		.00
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
ANCILIARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS 0	ALL OTHER ACCOM	0	0				.00		.00		.00
ALL CTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
MEDICAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
SURCERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE	MEDICAL	0	0		.00		.00	.000	.00		.00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT O O O STATE HOSPITAL O O SSTATE HOSPITAL O O SSTATE HOSPITAL O O O SSTATE HOSPITAL O O O O O O O O O O O O O O O O O O O	SURGERY	0	0		.00		.00	.000	.00		.00
ROOM USE	PATHOLOGY	0	0		.00		.00		.00		.00
CROSSOVERS/ALL OTH OUTPTNT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	RADIOLOGY	0	0		.00		.00	.000	.00		.00
### STATE HOSPITAL 0 0 0 \$.00	ROOM USE	0	0		.00		.00	.000	.00		.00
MENTALLY LIL 0 0 .0	CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED O QNURSING FACILITY O O S O S O QNURSING FACILITY O O S O O CLEV A-INTERMEDIATE O O CLEV B-REHAB MD O CLEV B-SUBACUTE FREESTANDING O CLEV B-SUBACUTE HSPTL BASED O CLEV B-SUBACUTE HSPTL BASED O CLEV B-SUBACUTE HSPTL BASED O CLEV B-REGULAR O CINTERMEDIATE CARE FACILDD O CICF DDH O CICF DDH O CICF DDD/DDCN O CICF DDD/DDCN O QHEMODIALYSIS TOTAL O QHEMODIALYSIS CENTER O CO CO CREHABLITIATION FACILITY O QREHABLITIATION FACILITY O QREHABLITIATION FACILITY O QREHABCUTATE O QREHABCUTATE O QREAD O	@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
@NURSING FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 </td <td>MENTALLY ILL</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td>.00</td> <td></td> <td>.00</td>	MENTALLY ILL	0	0		.00		.00	.000	.00		.00
LEV A-INTERMEDIATE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DEVELOP. DISABLED	0	0		.00		.00				.00
LEV B-REHAB MD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV B-SUBACUTE FREESTANDING 0 0 0 00 00 00 00 00 00 00 00 100 100	LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0						.00		.00
LEV B-REGULAR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV B-SUBACUTE HSPTL BASED	0	0				.00				.00
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00 \$.00	LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ICF DDH	LEV B-REGULAR	0									.00
ICF DD 0 0 .00		0		\$.00	\$.00		\$.00	\$.00
ICF DDN/DDCN 0 0 .0	ICF DDH	0			.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL 0 0 \$.00 \$.00 <td< td=""><td>ICF DD</td><td>0</td><td></td><td></td><td>.00</td><td></td><td>.00</td><td></td><td>.00</td><td></td><td>.00</td></td<>	ICF DD	0			.00		.00		.00		.00
HOSPITAL BASED 0 0 .00	ICF DDN/DDCN	0			.00		.00				.00
HEMODIALYSIS CENTER 0 0 .00	@HEMODIALYSIS TOTAL	0		\$.00	\$.00			\$.00
@REHABILITATION FACILITY 0 0 \$.00 \$.00	HOSPITAL BASED	0			.00		.00	.000	.00		.00
HOSPITAL BASED 0 0 .00	HEMODIALYSIS CENTER	0	0		.00		.00				.00
INDEPENDENT FACILITY 0 0 .00 <td>@REHABILITATION FACILITY</td> <td>0</td> <td>0</td> <td>\$</td> <td>.00</td> <td>\$</td> <td>.00</td> <td></td> <td>\$.00</td> <td>\$</td> <td>.00</td>	@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
@LABORATORY FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00<	HOSPITAL BASED	0			.00		.00	.000	.00		.00
PATHOLOGY 0 0 .00 .00 .00 .00 .00 XO AND OTHERS 0 0 .00 .	INDEPENDENT FACILITY	0			.00		.00				.00
XO AND OTHERS 0 0 .00 .00 .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 0 0 \$.00	@LABORATORY FACILITY	0		\$		\$.00			\$.00
@ORGANIZED OUTPATIENT CLINIC 0 0 \$.00 \$.00 \$.00 \$.00	PATHOLOGY	0			.00		.00		.00		.00
		0									.00
CLINIC 0 0 .00 .00 .00 .00 .00		0		\$		\$				\$	
	CLINIC	0	0		.00		.00	.000	.00		.00

0 0 .00 .00 .00 .00 SURGICENTER .00 .000 .00 .00 .000 .00 .00 .00 .00 HEROIN DETOX CLINIC Ο .00 .00 0 0 .00 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,700 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

NEVADA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,701
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

						MON	ITHLY AVERA	GE
69 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	47	258	\$	31,288.55	\$ 121.27	3.739	665.71	\$ 453.46
@PHYSICIANS SERVICES	28	84	\$	4,299.26	\$ 51.18	1.217	153.55	\$ 62.31
OUTPATIENT VISITS	15	17		644.36	37.90	.246	42.96	9.34
OFFICE VISITS	9	10		321.57	32.16	.145	35.73	4.66
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	6	7		322.79	46.11	.101	53.80	4.68
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	7	303.03	43.29	.101	101.01	4.39
HOSPITAL VISITS	3	7	303.03	43.29	.101	101.01	4.39
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	42	2,878.16	68.53	.609	575.63	41.71
PRINCIPAL SURGEON	4	5	2,091.22	418.24	.072	522.81	30.31
ASSISTANT SURGEON	1	1	186.50	186.50	.014	186.50	2.70
ANESTHESIOLOGIST	2	36	600.44	16.68	.522	300.22	8.70
OUTPATIENT SURGERY	1	1	46.98	46.98	.014	46.98	.68
PRINCIPAL SURGEON	1	1	46.98	46.98	.014	46.98	.68
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	79.97	26.66	.043	26.66	1.16
RADIOLOGY	11	13	281.64	21.66	.188	25.60	4.08
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	65.12	65.12	.014	65.12	.94
@PHARMACY	16	43 \$	2,780.69	\$ 64.67	.623	\$ 173.79	\$ 40.30
PRESCRIPTION DRUGS	16	43	2,780.69	64.67	.623	173.79	40.30
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	16	43	2,780.69	64.67	.623	173.79	40.30
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	2 \$	60.00	\$ 30.00	.029	\$ 60.00	\$.87
VISITS - DIAGNOSTIC	1	2	60.00	30.00	.029	60.00	.87
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0									
SPACE MAINTAINERS	U	•		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	U	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			RES M	MONTH-OF-PAYMENT RE	EPOR'	r for jan 2	2002 THRU 1	DEC	2002	Р	AGE 8,702
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
NEVADA COUNTY	SUMMARY OF SERV	VICES FOR 48 MIA	- NC	SOC - PREGNANT		AID CC	DE				
							Mo	ONT	HLY AVERA	GΕ	
69 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE	1		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0	0	Τ	.00	Ψ.	.00	.000	т	.00	т	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	Ś	.00	Ś	.00	.000	Ġ	.00	Ġ	.00
MEDICINE/INJECTIONS	0	0	Y	.00	Y	.00	.000	Y	.00	٧	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	ċ	.00	ċ	.00
•	0	0	۶ \$.00	۶ \$.00	.000	\$		\$.00
NURSE ANESTHESIST	0	0	۶ \$.00		.00	.000	\$		\$	
NURSE MIDWIFE	0	0	ې د		\$.00
PEDIATRIC NURSE PRACTITIONER		•	Ş	.00	\$.00	.000	\$		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$		\$.00
@TOTAL HOSPITAL	18	115	\$	23,513.85	Ş	204.47	1.667	Ş	1306.33	Ş	340.78
HOSP INPATIENT TOTAL	3	14		19,928.85		1423.49	.203		6642.95		288.82
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	14		19,928.85		1423.49	.203		6642.95		288.82
ACCOMMODATIONS	3	14		3,583.24		255.95	.203		1194.41		51.93
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	14		3,583.24		255.95	.203		1194.41		51.93
ANCILLARIES	3	0		16,345.61		.00	.000		5448.54		236.89
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	15	101		3,585.00		35.50	1.464		239.00		51.96
MEDICAL	0	0		24.53		.00	.000		.00		.36
SURGERY	1	1		39.77		39.77	.014		39.77		.58
PATHOLOGY	8	24		525.89		21.91	.348		65.74		7.62
RADIOLOGY	4	4		238.24		59.56	.058		59.56		3.45
DOOM HIGH	1.4	2.4		011 70		27 00	240		CE 12		12 21

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204.98

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ROOM USE

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

ACCOMMODATIONS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	C 2002	PAGE 8,703	
MOP024	FEE-FOR-SERVICE/DENT	AL.					01/17/03	
NEVADA COUNTY	SUMMARY OF SERVICES	FOR 48 MIA - NO	SOC - PREGNANT	AID CC	DE			
					MON'	THLY AVERAG	E	
69 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES		UNITS/DAYS	COST PER	COST PER	
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	18	115 \$	23,513.85	\$ 204.47	1.667 \$		\$ 340.78	
COMM HOSP INPATIENT TOTAL	3	14	19 , 928.85	1423.49	.203	6642.95	288.82	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	3	14	19 , 928.85	1423.49	.203	6642.95	288.82	
ACCOMMODATIONS	3	14	3,583.24	255.95	.203	1194.41	51.93	

		OR DAYS OF CARE	€		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	115	\$	23,513.85	\$ 204.47	1.667	\$ 1306.3	3 \$	340.78
COMM HOSP INPATIENT TOTAL	3	14		19,928.85	1423.49	.203	6642.9	5	288.82
HSC HOSPITALS	0	0		.00	.00	.000	.0	J	.00
NON-HSC HOSPITALS TOTAL	3	14		19,928.85	1423.49	.203	6642.9	5	288.82
ACCOMMODATIONS	3	14		3,583.24	255.95	.203	1194.4	1	51.93
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.0	J	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.0	J	.00
ALL OTHER ACCOM	3	14		3,583.24	255.95	.203	1194.4	1	51.93
ANCILLARIES	3	0		16,345.61	.00	.000	5448.5	4	236.89
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.0	J	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.0	J	.00
COMM HOSP OUTPATIENT TOTAL	15	101		3,585.00	35.50	1.464	239.0	ე	51.96
MEDICAL	0	0		24.53	.00	.000	.0	J	.36
SURGERY	1	1		39.77	39.77	.014	39.7	7	.58
PATHOLOGY	8	24		525.89	21.91	.348	65.7	4	7.62
RADIOLOGY	4	4		238.24	59.56	.058	59.5	6	3.45
ROOM USE	14	24		911.79	37.99	.348	65.1	3	13.21
CROSSOVERS/ALL OTH OUTPTNT	9	48		1,844.78	38.43	.696	204.9	8	26.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
MENTALLY ILL	0	0		.00	.00	.000	.0	J	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.0	J	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.0	J	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.0	J	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.0	J	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.0	J	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.0	J	.00
LEV B-REGULAR	0	0		.00	.00	.000	.0		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
ICF DDH	0	0		.00	.00	.000	.0	J	.00
ICF DD	0	0		.00	.00	.000	.0		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.0		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.0	J	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.0		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		0 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.0	J	.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	4 \$	74.13	\$ 18.53	.058 \$	24.71	\$ 1.07
PATHOLOGY	3	4	74.13	18.53	.058	24.71	1.07
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	2 \$	145.22	\$ 72.61	.029 \$	145.22	\$ 2.10
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	2	145.22	72.61	.029	145.22	2.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 8,704
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES	FOR 48 MIA - NO	SOC - PREGNANT	AID C	ODE		
					MON	THLY AVERA	GE
69 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	8 \$	415.40	\$ 51.93	.116 \$	83.08	\$ 6.02
DURABLE MED. EQUIP.	1	4	45.40	11.35	.058	45.40	.66
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00

		OR DAYS OF CAR	₹.		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	5	8	\$	415.40	\$ 51.93	.116	\$ 83.08	\$	6.02
DURABLE MED. EQUIP.	1	4		45.40	11.35	.058	45.40)	.66
BLOOD BANK	0	0		.00	.00	.000	.00)	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00)	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00)	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00)	.00
OTHER TRANS	0	0		.00	.00	.000	.00)	.00
OTHER SERVICES	0	0		.00	.00	.000	.00)	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00)	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00)	.00
GENETIC DISEASE TESTING	4	4		370.00	92.50	.058	92.50)	5.36
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00)	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00)	.00
OPTICIAN	0	0		.00	.00	.000	.00)	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00)	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00)	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00)	.00
PROSTHETICS	0	0		.00	.00	.000	.00)	.00
ORTHOTICS	0	0		.00	.00	.000	.00)	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00)	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00)	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00)	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00)	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00)	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00)	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00)	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00)	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00) \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{0 *} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,705 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

					MONTHLY AVERAGE						
69 ELIGIBLES	USERS	UNITS OF SERVICE	€.	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CAR	Ξ		PER	R UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@TOTAL, ALL PROVIDERS	47	258	\$	31,288.55	\$	121.27	3.739	\$	665.71	\$	453.46
@PHYSICIANS SERVICES	28	84	\$	4,299.26	\$	51.18	1.217	\$	153.55	\$	62.31

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	15	17		644.36		37.90	.246		42.96		9.34
OFFICE VISITS	9	10		321.57		32.16	.145		35.73		4.66
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	6	7		322.79		46.11	.101		53.80		4.68
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	3	7		303.03		43.29	.101		101.01		4.39
HOSPITAL VISITS	3	7		303.03		43.29	.101		101.01		4.39
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0									
EXAMINATIONS	· ·	-		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	5	42		2,878.16		68.53	.609		575.63		41.71
PRINCIPAL SURGEON	4	5		2,091.22		418.24	.072		522.81		30.31
ASSISTANT SURGEON	1	1		186.50		186.50	.014		186.50		2.70
ANESTHESIOLOGIST	2	36		600.44		16.68	.522		300.22		8.70
OUTPATIENT SURGERY	1	1		46.98		46.98	.014		46.98		.68
PRINCIPAL SURGEON	1	1		46.98		46.98	.014		46.98		.68
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	3		79.97		26.66	.043		26.66		1.16
RADIOLOGY	11	13		281.64		21.66	.188		25.60		4.08
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		65.12		65.12	.014		65.12		.94
@PHARMACY	16	43	\$	2,780.69		64.67	.623	¢		\$	40.30
PRESCRIPTION DRUGS	16	43	Υ	2,780.69		64.67	.623	۲	173.79	Ψ.	40.30
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	16	43		2,780.69		64.67	.623		173.79		40.30
MEDICAL SUPPLIES	0	0		2,780.09		.00	.000		.00		.00
@DENTIST	1	2	Ś	60.00		30.00	.029	ċ	60.00	ċ	.87
•	1	2	Ş	60.00	Ą	30.00	.029	Þ	60.00	Ş	.87
VISITS - DIAGNOSTIC	0	0									.00
ORAL SURGERY	0	0		.00		.00	.000		.00		
DRUGS	0			.00		.00	.000		.00		.00
ANESTHESIA	· ·	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	ES MOI	NTH-OF-PAYMENT	REPORT	r for Jan	2002 THRU	DEC	2002	Р	AGE 8,706
MOP024	FEE-FOR-SERVICE/DENT	AL									01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES	FOR 49 ALL	MIA -	NO SOC							
							1		TIT V ATTEDA	CE	

| Cost |

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	18	115	\$ 23,513.85	\$ 204.47	1.667	\$ 1306.33	\$ 340.78
HOSP INPATIENT TOTAL	3	14	19,928.85	1423.49	.203	6642.95	288.82
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	14	19 , 928.85	1423.49	.203	6642.95	288.82
ACCOMMODATIONS	3	14	3,583.24	255.95	.203	1194.41	51.93
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	14	3,583.24	255.95	.203	1194.41	51.93
ANCILLARIES	3	0	16,345.61	.00	.000	5448.54	236.89
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	101	3,585.00	35.50	1.464	239.00	51.96
MEDICAL	0	0	24.53	.00	.000	.00	.36
SURGERY	1	1	39.77	39.77	.014	39.77	.58
PATHOLOGY	8	24	525.89	21.91	.348	65.74	7.62
RADIOLOGY	4	4	238.24	59.56	.058	59.56	3.45
ROOM USE	14	24	911.79	37.99	.348	65.13	13.21

CROSSOVERS/ALL OTH OUTPTNT	9	48	-	L , 844.78		38.43	.696	204.98		26.74
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-OF-E	PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC 2002	PAG	GE 8,707
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	49 ALL 1	MIA - NO SOC							

NEVADA COUNTI	SOMMANT OF SER	VICES FOR 49 ALL F	TIA	110 500				
						MON		
69 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	_	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	18	115	\$	23,513.85	\$ 204.47		1306.33	\$ 340.78
COMM HOSP INPATIENT TOTAL	3	14		19 , 928.85	1423.49	.203	6642.95	288.82
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	14		19,928.85	1423.49	.203	6642.95	288.82
ACCOMMODATIONS	3	14		3,583.24	255.95	.203	1194.41	51.93
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	14		3,583.24	255.95	.203	1194.41	51.93
ANCILLARIES	3	0		16,345.61	.00	.000	5448.54	236.89
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15	101		3,585.00	35.50	1.464	239.00	51.96
MEDICAL	0	0		24.53	.00	.000	.00	.36
SURGERY	1	1		39.77	39.77	.014	39.77	.58
PATHOLOGY	8	24		525.89	21.91	.348	65.74	7.62
RADIOLOGY	4	4		238.24	59.56	.058	59.56	3.45
ROOM USE	14	24		911.79	37.99	.348	65.13	13.21
CROSSOVERS/ALL OTH OUTPTNT	9	48		1,844.78	38.43	.696	204.98	26.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	4	\$	74.13	\$	18.53	.058	\$	24.71	\$	1.07
PATHOLOGY	3	4		74.13		18.53	.058		24.71		1.07
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	145.22	\$	72.61	.029	\$	145.22	\$	2.10
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	2		145.22		72.61	.029		145.22		2.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MC	ONTH-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU	DEC	2002	PF	GE 8,708
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	49 ALL	MIA -	- NO SOC							

69 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	8	\$ 415.40	\$ 51.93	.116 \$	83.08	\$ 6.02
DURABLE MED. EQUIP.	1	4	45.40	11.35	.058	45.40	.66
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	370.00	92.50	.058	92.50	5.36
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

01/17/03

NEVADA COUNTY	SUMMARY OF SER	VICES FOR 50 MIA - SOC	- LTC	AID C			
					MON7		
26 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	30	823 \$	62,341.21	\$ 75.75	31.654 \$	2078.04	\$ 2397.74
@PHYSICIANS SERVICES	12	26 \$	728.61	\$ 28.02	1.000 \$	60.72	\$ 28.02
OUTPATIENT VISITS	7	14	496.14	35.44	.538	70.88	19.08
OFFICE VISITS	3	8	205.50	25.69	.308	68.50	7.90
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	6	290.64	48.44	.231	48.44	11.18
	0	0					.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	U	U	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	4	92.70	23.18	.154	30.90	3.57
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	3	4	92.70	23.18	.154	30.90	3.57
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	Û	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0					
ASSISTANT SURGEON	U	U	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	5	7	124.17	17.74	.269	24.83	4.78
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
	1	1					
OTHER SERVICES/ALL X-OVERS			15.60	15.60	.038	15.60	.60
@PHARMACY	23	106 \$	3,226.26	\$ 30.44	4.077 \$		
PRESCRIPTION DRUGS	23	106	3,226.26	30.44	4.077	140.27	124.09
SNF/ICF	14	58	1,321.96	22.79	2.231	94.43	50.84
OUTPATIENTS	10	48	1,904.30	39.67	1.846	190.43	73.24
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	6	9 \$	316.00	\$ 35.11	.346 \$	52.67	\$ 12.15
VISITS - DIAGNOSTIC	4	5	150.00	30.00	.192	37.50	5.77
ORAL SURGERY	2	4	166.00	41.50	.154	83.00	6.38
DRUGS	0	Ō	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
PERIODONTICS	0			.00			
ENDODONTICS	•	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	n	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CNI GEDITT	CES AND EXPENDITURES MO					PAGE 8,710
MODOSA	MEDI-CAL SERVI		MIN OF LATHERT KI	LIONI FOR UAIN	LOUZ IIINO DEC	, 2002	0,/10 01/17/02

NEVADA COUNTY	SUMMARY OF SERV	ICES FOR	SU MIA -	- 800 -	LTC		AID CC		ONT III		C.E.	
0.6 ========			~==					M			ŒĽ.	
26 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		RAGE COST	/	-			COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	•	.00	·	.00	.000		.00		.00
SURGERY/ANES.	0		Ō		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		Ō		.00		.00	.000		.00		.00
OTHER	0		Ö		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1		5	\$	344.20	\$	68.84		\$	344.20	\$	13.24
NURSE ANESTHESIST	0		5 0	\$.00	¢	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	¢	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	· ·		0	Ċ	.00	\$.00	.000	\$.00	\$.00
	. 0		0	\$		\$						
FAMILY NURSE PRACTITIONER	0		32	ې د	.00 897.79	۶ \$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0			Ş		Ą	28.06	1.231	Þ	128.26	Ş	34.53
HOSP INPATIENT TOTAL	· ·		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7		32		897.79		28.06	1.231		128.26		34.53
MEDICAL	1		1		52.75		52.75	.038		52.75		2.03
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	2		10		127.71		12.77	.385		63.86		4.91
RADIOLOGY	4		8		355.64		44.46	.308		88.91		13.68
ROOM USE	6		10		335.31		33.53	.385		55.89		12.90
CROSSOVERS/ALL OTH OUTPTNT	3		3		26.38		8.79	.115		8.79		1.01
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ō		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		Ö		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00			.00		.00
	0							.000				
PATHOLOGY			0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC AID CODE

							MC	TNC	HLY AVERA	GE.	
26 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	32	\$	897.79	\$	28.06	1.231	\$	128.26	\$	34.53
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	7	32		897.79		28.06	1.231		128.26		34.53
MEDICAL	1	1		52.75		52.75	.038		52.75		2.03
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	10		127.71		12.77	.385		63.86		4.91
RADIOLOGY	4	8		355.64		44.46	.308		88.91		13.68
ROOM USE	6	10		335.31		33.53	.385		55.89		12.90
CROSSOVERS/ALL OTH OUTPINT	3	3		26.38		8.79	.115		8.79		1.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	17	525	\$	56,093.21	\$	106.84	20.192	\$	3299.60	\$	2157.43
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	17	525		6,093.21		106.84	20.192		3299.60		2157.43
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	17	\$	132.38		7.79	.654	\$	66.19	\$	5.09
PATHOLOGY	2	17		132.38		7.79	.654		66.19		5.09
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	S MONTH-OF-	-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 8,712
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	50 MIA -	SOC - LTC			AID C	CODE				
								ITNON	HLY AVERA	ωGE	

						MO	NTHLY AVERAGE	:
26 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	103	\$	602.76	\$ 5.85	3.962	\$ 301.38 \$	23.18
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	103		602.76	5.85	3.962	301.38	23.18
AMBULANCES/AIR TRANS	2	103		602.76	5.85	3.962	301.38	23.18
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	Ş	.00	\$.00	.000	\$.00 \$.00

@XOVER EXCLUDING STATE HOSP** 1 0 \$ 5.88 \$.00 .000 \$ 5.88 \$.23

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,713

MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 8,714
MOP024	FEE-FOR-SERVICE/DENT	AT.					01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 \$.00 .000 \$.00 \$.00 @OPTOMETRIST 0 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 .00 .00 \$.00 .000 \$.00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 .000 OTHER SERVICES 0 .00 .00 .00 .00 .00 .00 .00 @PODIATRIST .000 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. .00 RADIO./PATHOLOGY .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 Ś .00 NURSE ANESTHESIST 0 .00 \$.00 .000 Ś .00 Ś .00 0 Ś .00 .000 Ś NURSE MIDWIFE .00 Ś .00 .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 Ś .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL .00 . 00 .000 .00 .00 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .000 ADMINISTRATIVE DAYS .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 ALL OTHER ACCOM .00 .000 .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .00 .00 INPATIENT CROSSOVERS .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 .000 HOSP OUTPATIENT TOTAL .00 .00 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 .00 .000 .00 \$.00 @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 8,715
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FO	R 51 MIA -	SOC - PREGNANT	AID CO	DE		
					3.603.TELT	T T T T T T T T T T T T T T T T T T T	

NEVADA COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE MONTHLY AVE 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PE	
00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PE	
	DI TOTDI D
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER	БПТСТОПБ
	00 \$.00
COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	
HSC HOSPITALS 0 0 .00 .00 .00 .00	.00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00	
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00	
ANCILLARIES 0 0 .00 .00 .00 .00 .00	.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00	
COMM HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	.00
MEDICAL 0 0 .00 .00 .00 .00 .00	.00
SURGERY 0 0 .00 .00 .00 .00 .00	.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
RADIOLOGY 0 0 .00 .00 .00 .00 .00	.00
ROOM USE 0 0 .00 .00 .00 .00 .00	.00
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00	.00
@STATE HOSPITAL 0 0 \$.00 \$.00 \$.00	00 \$.00
MENTALLY ILL 0 0 0 .00 .00 .00 .00	.00
DEVELOP. DISABLED 0 0 .00 .00 .00 .00	.00
	00 \$.00
LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00	.00
LEV B-REHAB MD 0 0 .00 .00 .00 .00 .00	.00
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00	.00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00	
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
LEV B-REGULAR 0 0 .00 .00 .00 .00 .00	.00
	00 \$.00
ICF DDH 0 .00 .00 .00 .00 .00	.00
ICF DD 0 .00 .00 .00 .00 .00	.00
ICF DDN/DDCN 0 0 .00 .00 .00 .00	.00
<pre>@HEMODIALYSIS TOTAL</pre>	•
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
HEMODIALYSIS CENTER 0 0 .00 .00 .00 .00 .00	.00
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00	00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00 .00	
	00 \$.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
XO AND OTHERS 0 0 .00 .00 .00 .00 .00	
@ORGANIZED OUTPATIENT CLINIC 0 0 \$.00 \$.00 .000 \$.00	•
CLINIC 0 0 .00 .00 .00 .00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2002	THRU DEC	2002	PAGE 8,716
MOP024	FEE-FOR-SERVICE/DENTAI						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FO	OR 51 MIA - S	SOC - PREGNANT	AID CODE			

NEVINDII COCNII	DOIMMING OF DELIC	VIOLO IOIC OI IIIII	200	TIMOINI	1110 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						MON'	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,717 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 NEVADA COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

Average Cost Per Monthly Average Cost Per Monthly Name Name Monthly Name
CRITICAL CARE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE PHYSICIANS SERVICES 30 823 \$ 62,341.21 \$ 75.75 31.654 \$ 2078.04 \$ 2397.74 \$ 278.01 \$ 75.75 \$ 31.654 \$ 2078.04 \$ 2397.74 \$ 278.01 \$ 728.61 \$ 28.02 \$ 1.000 \$ 60.72 \$ 28.02 \$ 2000 \$ 28.02 \$ 2000 \$ 28.02 \$ 28.02 \$ 2000 \$ 28.02 \$ 2000 \$ 20.00 \$ 2
STOTAL, ALL PROVIDERS 30 823 \$ 62,341.21 \$ 75.75 31.654 \$ 2078.04 \$ 2397.74 ## OPHYSICIANS SERVICES 12 26 \$ 728.61 \$ 28.02 1.000 \$ 60.72 \$ 28.02 ## OUTPATIENT VISITS 7 14 496.14 35.44 .538 70.88 19.08 ## OFFICE VISITS 3 8 205.50 25.69 .308 68.50 7.90 ## HOME VISITS 0 0 0 .00 .00 .00 .00 .00 ## EMERGENCY ROOM 6 6 290.64 48.44 .231 48.44 11.18 ## PREVENTIVE CARE 0 0 0 .00 .00 .00 .00 .00 ## OB VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .00 .00 ## OTHER OUTPATIENT 0 0 0 .00 .00 .00 .00 .00 ## OTHER OUTPATIENT VISITS 3 4 92.70 23.18 154 30.90 3.57 ## HOSPITAL VISITS 0 0 .00 .00 .00 .00 .00 ## CRITICAL CARE 0 0 0 .00 .00 .00 .00 .00 ## OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00 ## SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00 .00 ## SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00 .00 ## OTHER OUTPATIANS IP CARE 3 4 92.70 23.18 .154 30.90 3.57 ## OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 ## SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00 .00 ## OTHER OUTPATIANS IP CARE 3 4 92.70 23.18 .154 30.90 3.57 ## OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 .00 ## OTHER OUTPATIANS IP CARE 3 4 92.70 23.18 .154 30.90 3.57 ## OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 ## OTHER OUTPATIANS IP CARE 3 .00
@PHYSICIANS SERVICES 12 26 \$ 728.61 \$ 28.02 1.000 \$ 60.72 \$ 28.02 OUTPATIENT VISITS 7 14 496.14 35.44 .538 70.88 19.08 OFFICE VISITS 3 8 205.50 25.69 .308 68.50 7.90 HOME VISITS 0 0 .00 .00 .00 .00 .00 EMERGENCY ROOM 6 6 290.64 48.44 .231 48.44 11.18 PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 .00
OUTPATIENT VISITS 7 14 496.14 35.44 .538 70.88 19.08 OFFICE VISITS 3 8 205.50 25.69 .308 68.50 7.90 HOME VISITS 0 0 0 0 .00 .00 .00 .00 .00 .00 EMERGENCY ROOM 6 6 6 290.64 48.44 .231 48.44 11.18 PREVENTIVE CARE 0 0 0 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .00 .00 .00 OTHER OUTPATIENT 0 0 0 0 .00 .00 .00 .00 .00 INPATIENT VISITS 3 4 92.70 23.18 .154 30.90 3.57 HOSPITAL VISITS 0 0 0 0 .00 .00 .00 .00 .00 CRITICAL CARE 0 0 0 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE 3 4 92.70 23.18 .154 30.90 3.57 OPHTHALMOLOGICAL SERVICES 0 0 0 .00 .00 .00 .00 .00 EXAMINATIONS 0 0 0 .00 .00 .00 .00 .00 SERVICES AND MATERIALS 0 0 0 0 .00 .00 .00 .00 .00 .00 SERVICES AND MATERIALS 0 0 0 0 .00 .00 .00 .00 .00 .00
OFFICE VISITS 3 8 205.50 25.69 .308 68.50 7.90 HOME VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
HOME VISITS 0 0 .00
EMERGENCY ROOM 6 6 6 290.64 48.44 .231 48.44 11.18 PREVENTIVE CARE 0 0 0 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .00 .00 .00 OTHER OUTPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 INPATIENT VISITS 3 4 92.70 23.18 .154 30.90 3.57 HOSPITAL VISITS 0 0 0 .00 .00 .00 .00 .00 .00 CRITICAL CARE 0 0 0 .00 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE 3 4 92.70 23.18 .154 30.90 3.57 OPHTHALMOLOGICAL SERVICES 0 0 0 .00 .00 .00 .00 .00 EXAMINATIONS 0 0 .00 .00 .00 .00 .00 .00 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00
PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 .00
OB VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
OTHER OUTPATIENT 0 0 0 0.00 .00 .000 .00 .00 .00 .00 .0
INPATIENT VISITS 3 4 92.70 23.18 .154 30.90 3.57 HOSPITAL VISITS 0 0 .00 .00 .00 .000 .00
HOSPITAL VISITS 0 0 .00
CRITICAL CARE 0 0 0 0 .00 .00 .000 .00 .00 .00 .00 .
SNF/ICF/TRANS IP CARE 3 4 92.70 23.18 .154 30.90 3.57 OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 EXAMINATIONS 0 0 .00 .00 .00 .00 .00 .00 SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00 .00
OPHTHALMOLOGICAL SERVICES 0 0 .00
EXAMINATIONS 0 0 .00 .00
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00
· · · · · · · · · · · · · · · · · · ·
INPATIENT HOSPITAL SURGERY 0 0 .00 .00 .00 .00 .00 .00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00 .00 .00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .00
OUTPATIENT SURGERY 0 0 .00 .00 .00 .00 .00 .00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00 .00 .00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .00
DIALYSIS 0 0 .00 .00 .00 .00 .00 .00
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00
RADIOLOGY 5 7 124.17 17.74 .269 24.83 4.78
PSYCHIATRY 0 0 .00 .00 .00 .00 .00 .00 .00
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 .00
OTHER SERVICES/ALL X-OVERS 1 1 1 15.60 15.60 .038 15.60 .60
@PHARMACY 23 106 \$ 3,226.26 \$ 30.44 4.077 \$ 140.27 \$ 124.09
PRESCRIPTION DRUGS 23 106 3,226.26 30.44 4.077 140.27 124.09
SNF/ICF 14 58 1,321.96 22.79 2.231 94.43 50.84
OUTPATIENTS 10 48 1,904.30 39.67 1.846 190.43 73.24
MEDICAL SUPPLIES 0 0 .00 .00 .00 .00 .00 .00
@DENTIST 6 9 \$ 316.00 \$ 35.11 .346 \$ 52.67 \$ 12.15
VISITS - DIAGNOSTIC 4 5 150.00 30.00 .192 37.50 5.77
ORAL SURGERY 2 4 166.00 41.50 .154 83.00 6.38
DRUGS 0 0 .00 .00 .00 .00 .00 .00
ANESTHESIA 0 0 .00 .00 .00 .00 .00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 8,718
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

NEVADA COUNTY	SUMMARY OF SER	VICES FOR 52 ALL	MIA -	- SOC				_ N.T.		с п	
26 81 1618186	HOEDO	IDITED OF CERTIFICE			70 5 71				HLY AVERA	GE.	
26 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		-	COST PER		COST PER
0.0 DECAMEED T.CE	0	OR DAYS OF CARE		0.0		R UNIT/DAY	PER ELIG		USER	<u> </u>	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00			.000		.00		
EYE APPLIANCES	0			.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	ć	.00	Ċ			ć		Ċ	
@CHIROPRACTOR VISITS	U	0	\$.00	\$.00		\$.00	\$.00
	0	•		.00		.00	.000		.00		
OTHER SERVICES	0	0	<u> </u>	.00	<u> </u>	.00	.000	â	.00	<u> </u>	.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	U	0		.00		.00	.000		.00		.00
OTHER	0	0	_	.00	_	.00	.000	_	.00	_	.00
@HOME HEALTH AGENCY	1	5	\$	344.20	\$	68.84	.192	\$	344.20	\$	13.24
NURSE ANESTHESIST	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	Ş	.00	.000	\$.00	Ş	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	32	\$	897.79	Ş	28.06	1.231	\$	128.26	\$	34.53
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7	32		897.79		28.06	1.231		128.26		34.53
MEDICAL	1	1		52.75		52.75	.038		52.75		2.03
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	10		127.71		12.77	.385		63.86		4.91
RADIOLOGY	4	8		355.64		44.46	.308		88.91		13.68
ROOM USE	6	10		335.31		33.53	.385		55.89		12.90
CROSSOVERS/ALL OTH OUTPTNT	3	3		26.38		8.79	.115		8.79		1.01
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND 1	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 8,719
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MENTA DA COLIMEN	CLIMMADA OE CEDITECEC EOI	D EO ATT MT	7 COC				

NEVADA COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

NEVADA COUNTI	SUMMARI OF SER	VICES FOR 32 ALL	MIA -	- 300			M	חדאר	ממתוא אווד	CE.	
26 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	7\ \ 7.1	ERAGE COST			COST PER	-	COST PER
20 ELIGIBLES	CALCO	OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY	PER ELIG	5	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	32	\$	897.79	S S	28.06	1.231	ς		Ś	34.53
COMM HOSP INPATIENT TOTAL	0	0	Ψ	.00	Υ	.00	.000	~	.00	۲	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0		.00							
ALL OTHER INPATIENT	0	32				.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	/	32		897.79		28.06	1.231		128.26		34.53
MEDICAL	1	1		52.75		52.75	.038		52.75		2.03
SURGERY	U	0		.00		.00	.000		.00		.00
PATHOLOGY	2	10		127.71		12.77	.385		63.86		4.91
RADIOLOGY	4	8		355.64		44.46	.308		88.91		13.68
ROOM USE	6	10		335.31		33.53	.385		55.89		12.90
CROSSOVERS/ALL OTH OUTPIN	3	3		26.38		8.79	.115		8.79		1.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	17	525	\$	56,093.21	\$	106.84	20.192	\$	3299.60	\$	2157.43
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	9 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	17	525		56,093.21		106.84	20.192		3299.60		2157.43
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	•	.00	.000		.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00	J	.00
@LABORATORY FACILITY	2	17 \$	132.38	\$	7.79	.654	\$ 66.19) \$	5.09
PATHOLOGY	2	17	132.38		7.79	.654	66.19	,	5.09
XO AND OTHERS	0	0	.00		.00	.000	.00	J	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000	\$.00) \$.00
CLINIC	0	0	.00		.00	.000	.00	J	.00
SURGICENTER	0	0	.00		.00	.000	.00	J	.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	J	.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00	J	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	PAG	GE 8,720
MOP024	FEE-FOR-SERVICE/DE	ENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICE	ES FOR 52 ALL MI	A - SOC						

NEWIDII COONTI	DOINING OF DEL	. 1	111	bec					
						MON		-	
26 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PE	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBL	
@ALL OTHER PROVIDERS	2	103	\$	602.76	\$ 5.85	3.962 \$	301.38	\$ 23.1	. 8
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.0	0 (
BLOOD BANK	0	0		.00	.00	.000	.00	.0	0 (
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.0	0 (
MEDICAL TRANSPORTATION	2	103		602.76	5.85	3.962	301.38	23.1	_8
AMBULANCES/AIR TRANS	2	103		602.76	5.85	3.962	301.38	23.1	. 8
OTHER TRANS	0	0		.00	.00	.000	.00	.0	0 (
OTHER SERVICES	0	0		.00	.00	.000	.00	.0) ()
ACUPUNCTURE	0	0		.00	.00	.000	.00	.0	0 (
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.0	0 (
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.0	0 (
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.0	0 (
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.0	0 (
OPTICIAN	0	0		.00	.00	.000	.00	.0	0 (
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.0	0 (
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.0	0 (
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.0	0 (
PROSTHETICS	0	0		.00	.00	.000	.00	.0	0 (
ORTHOTICS	0	0		.00	.00	.000	.00	.0	0 (
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.0	0 (
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.0	0 (
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.0	0 (
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.0	0 (
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.0	0 (
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.0	0 (
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.0	0 (
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.0	0 (
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.0	0 (
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.0	0 (
@XOVER EXCLUDING STATE HOSP**	1	0	\$	5.88	\$.00	.000 \$	5.88	\$.2	23

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,721 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

							MO	NTHLY AVERA	7.GF	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 8,722
MOP024	FEE-FOR-SERVICE/DENTA	Т.					01/17/03

----- MONTHLY AVERAGE -----

MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	COST PER	.OL	COST PER
		OR DAYS OF CARE			UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000	.00		.00
EYE APPLIANCES	0	0	.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00		.00
SURGERY/ANES.	0	0	.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
OTHER	0	0	.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00

CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00	
ANCILLARIES	0	0		.00		.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00	
MEDICAL	0	0		.00		.00	.000	.00	.00	
SURGERY	0	0		.00		.00	.000	.00	.00	
PATHOLOGY	0	0		.00		.00	.000	.00	.00	
RADIOLOGY	0	0		.00		.00	.000	.00	.00	
ROOM USE	0	0		.00		.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-OF-	-PAYMENT RE	PORT FOR	R JAN 2	2002 THRU DE	C 2002	PAGE 8,7	23
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/	03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	53 FOR	FUTURE USE							

		OR DAYS OF CARE	3		PE	R UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUE	RES MONTH-C	F-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PAGE	8,724
MOP024	FEE-FOR-SERVICE/DENTAL									0.1	L/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	53 FOR	FUTURE USE								

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

NEVADA COUNTY	SUMMARY OF SER	VICES FOR 54 MEDICALLY	INDIGENT ADULTS		14017		C.T.
95 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON'	COST PER	COST PER
32 FFIGIPLES	USEKS	OR DAYS OF CARE	EAPENDITURES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	77	1,081 \$	93,629.76	\$ 86.61	11.379 \$		
@PHYSICIANS SERVICES	40	110 \$	5,027.87	\$ 45.71	1.158 \$		
	22	•	1,140.50	36.79	.326		12.01
OUTPATIENT VISITS		31	•			51.84	
OFFICE VISITS	12	18	527.07	29.28	.189	43.92	5.55
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	12	13	613.43	47.19	.137	51.12	6.46
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	11	395.73	35.98	.116	65.96	4.17
HOSPITAL VISITS	3	7	303.03	43.29	.074	101.01	3.19
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	3	4	92.70	23.18	.042	30.90	.98
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	42	2,878.16	68.53	.442	575.63	30.30
PRINCIPAL SURGEON	4	5	2,091.22	418.24	.053	522.81	22.01
ASSISTANT SURGEON	1	1	186.50	186.50	.011	186.50	1.96
ANESTHESIOLOGIST	2	36	600.44	16.68	.379	300.22	6.32
OUTPATIENT SURGERY	1	1	46.98	46.98	.011	46.98	.49
PRINCIPAL SURGEON	1	1	46.98	46.98	.011	46.98	.49
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
	0	0			.000		.00
DIALYSIS	3	3	.00	.00		.00	
PATHOLOGY	16	20	79.97	26.66	.032	26.66	.84
RADIOLOGY			405.81	20.29	.211	25.36	4.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	80.72	40.36	.021	40.36	.85
@PHARMACY	39	149 \$	6,006.95	\$ 40.32	1.568 \$		
PRESCRIPTION DRUGS	39	149	6,006.95	40.32	1.568	154.02	63.23
SNF/ICF	14	58	1,321.96	22.79	.611	94.43	13.92
OUTPATIENTS	26	91	4,684.99	51.48	.958	180.19	49.32
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	7	11 \$	376.00	\$ 34.18	.116 \$		
VISITS - DIAGNOSTIC	5	7	210.00	30.00	.074	42.00	2.21
ORAL SURGERY	2	4	166.00	41.50	.042	83.00	1.75
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	ŭ	CES AND EXPENDITURES MO					PAGE 8,726
MODO24	MEDI-CAL SERVI		NIII OF EATMENT RE	TOWN AND THOSE	FOOT THEO DEC	2002	0,/20

FEE-FOR-SERVICE/DENTAL

01/17/03

1.2 11.211 0001.11	00111111111 01 021			.21 111,5102111 1150210			MO	TNC	HLY AVERA	GE	
95 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF C	ARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	5	\$	344.20	\$	68.84	.053	\$	344.20	\$	3.62
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	25	147	\$	24,411.64	\$	166.07	1.547	\$	976.47	\$	256.96
HOSP INPATIENT TOTAL	3	14		19,928.85		1423.49	.147		6642.95		209.78
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	14		19,928.85		1423.49	.147		6642.95		209.78
ACCOMMODATIONS	3	14		3,583.24		255.95	.147		1194.41		37.72
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	14		3,583.24		255.95	.147		1194.41		37.72
ANCILLARIES	3	0		16,345.61		.00	.000		5448.54		172.06
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	22	133		4,482.79		33.71	1.400	203.76		47.19
MEDICAL	1	1		77.28		77.28	.011	77.28		.81
SURGERY	1	1		39.77		39.77	.011	39.77		.42
PATHOLOGY	10	34		653.60		19.22	.358	65.36		6.88
RADIOLOGY	8	12		593.88		49.49	.126	74.24		6.25
ROOM USE	20	34		1,247.10		36.68	.358	62.36		13.13
CROSSOVERS/ALL OTH OUTPTNT	12	51		1,871.16		36.69	.537	155.93		19.70
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES 1	MONTH-OF-PAYMENT RI	EPOR:	r for Jan	2002 THRU	DEC 2002	PAG	GE 8,727
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	54 MED	ICALI	LY INDIGENT ADULTS						

NEVADA COONTI	SOMMAN OF SER	VICED FOR	J- HIDI	СИППІ	INDIGENI ADOLIS						
							MO	TNC	HLY AVERA	ιGΕ	
95 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	25		147	\$	24,411.64	\$ 166.07	1.547	\$	976.47	\$	256.96
COMM HOSP INPATIENT TOTAL	3		14		19,928.85	1423.49	.147		6642.95		209.78
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	3		14		19,928.85	1423.49	.147		6642.95		209.78
ACCOMMODATIONS	3		14		3,583.24	255.95	.147		1194.41		37.72
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	3		14		3,583.24	255.95	.147		1194.41		37.72
ANCILLARIES	3		0		16,345.61	.00	.000		5448.54		172.06
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	22		133		4,482.79	33.71	1.400		203.76		47.19
MEDICAL	1		1		77.28	77.28	.011		77.28		.81
SURGERY	1		1		39.77	39.77	.011		39.77		.42
PATHOLOGY	10		34		653.60	19.22	.358		65.36		6.88
RADIOLOGY	8		12		593.88	49.49	.126		74.24		6.25
ROOM USE	20		34		1,247.10	36.68	.358		62.36		13.13
CROSSOVERS/ALL OTH OUTPINT	12		51		1,871.16	36.69	.537		155.93		19.70
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00	.00	.000		.00		.00
@NURSING FACILITY	17		525	\$	56,093.21	\$ 106.84	5.526	\$	3299.60	\$	590.45
LEV A-INTERMEDIATE	0		0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	17	525		56,093.21		106.84	5.526		3299.60		590.45
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	·	.00	.000	·	.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ś	.00	.000	Ś		Ś	.00
HOSPITAL BASED	0	0	'	.00	'	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	Ö		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	Ś	.00	.000	Ś		Ś	.00
HOSPITAL BASED	0	0	'	.00	'	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	21	\$	206.51	Ś	9.83	.221	\$	41.30	Ś	2.17
PATHOLOGY	5	21	'	206.51	•	9.83	.221		41.30		2.17
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	2	Ś	145.22	Ś	72.61	.021	Ś	145.22	Ś	1.53
CLINIC	0	0	т	.00	Τ	.00	.000	т	.00	т	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	2		145.22		72.61	.021		145.22		1.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITI	RES MON		PORT			DEC		P.	AGE 8,728
MOP024	FEE-FOR-SERVICE/DENTAL		1.20 1101		_ 01(1	2011 01111	2002 111110				01/17/03
1101 02 1	CINAL OF CERTIFICATION			TAID T CENTER A DITT EC							01,11,00

----- MONTHLY AVERAGE -----

NEVADA COUNTY SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

95 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	7	111 \$	1,018.16	\$ 9.17	1.168 \$	145.45	\$ 10.72
DURABLE MED. EQUIP.	1	4	45.40	11.35	.042	45.40	.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	103	602.76	5.85	1.084	301.38	6.34
AMBULANCES/AIR TRANS	2	103	602.76	5.85	1.084	301.38	6.34
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	370.00	92.50	.042	92.50	3.89
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00

.06

01/17/03

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,729

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES IN...

MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED ----- MONTHLY AVERAGE -----

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	1CR	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 8,730
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES	FOR 55 ALL AGE)				

NEVADA COUNTY	SUMMARY OF SER	VICES FOR 55 ALL	AGED				.,	0 3 T III		~ =	
10 045 51 53 57					2.7.7		M			GE:	
10,045 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
O O DECAMEED T CE	110	OR DAYS OF CARE		F 046 0F		R UNIT/DAY			USER	<u>_</u>	ELIGIBLE
@OPTOMETRIST	119	269	\$	5,046.85	\$	18.76	.027	Þ	42.41	Þ	.50
DIAGNOSTIC AND ANC. PROCED	5	5		197.81		39.56	.000		39.56		.02
EYE APPLIANCES	73	193		3,318.72		17.20	.019		45.46		.33
OTHER OPTOMETRIC SERVICES	49	71		1,530.32		21.55	.007		31.23		.15
@CHIROPRACTOR	9	17	\$	227.48	\$	13.38	.002	Ş	25.28	Ş	.02
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	9	17	_	227.48	_	13.38	.002	_	25.28	_	.02
@PODIATRIST	429	486	\$	4,603.43	\$	9.47	.048	Ş	10.73	\$.46
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	429	486		4,603.43		9.47	.048		10.73		.46
@HOME HEALTH AGENCY	2	8	\$	524.05	\$	65.51	.001		262.03	\$.05
NURSE ANESTHESIST	3	57	\$	128.54	\$	2.26		\$	42.85	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	3	\$	47.25	\$	15.75	.000	\$	15.75	\$.00
@TOTAL HOSPITAL	836	4,457	\$	291,328.80	\$	65.36	.444	\$	348.48	\$	29.00
HOSP INPATIENT TOTAL	174	881		210,355.27		238.77	.088		1208.94		20.94
HSC HOSPITALS	1	6		5,700.00		950.00	.001		5700.00		.57
NON-HSC HOSPITAL TOTAL	9	78		85 , 955.99		1102.00	.008		9550.67		8.56
ACCOMMODATIONS	9	78		32,028.55		410.62	.008		3558.73		3.19
ADMINISTRATIVE DAYS	1	3		665.86		221.95	.000		665.86		.07
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	75		31,362.69		418.17	.007		3484.74		3.12
ANCILLARIES	9	0		53,927.44		.00	.000		5991.94		5.37
INPATIENT CROSSOVERS	165	797		118,699.28		148.93	.079		719.39		11.82
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	685	3 , 576		80 , 973.53		22.64	.356		118.21		8.06
MEDICAL	5	10		893.94		89.39	.001		178.79		.09
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	13	67		786.90		11.74	.007		60.53		.08
RADIOLOGY	8	15		2,250.55		150.04	.001		281.32		.22
ROOM USE	5	5		195.14		39.03	.000		39.03		.02
CROSSOVERS/ALL OTH OUTPINT	668	3,479		76,847.00		22.09	.346		115.04		7.65
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	. 0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	P	AGE 8,731
MOP024	FEE-FOR-SERVICE	DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 55 ALL A	GED						
						MON	THLY AVERA	.GE	
10,045 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	1	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	836	4,457	\$	291,328.80	\$ 65.36	.444 \$	348.48	\$	29.00
COMM HOSP INPATIENT TOTAL	174	881		210,355.27	238.77	.088	1208.94		20.94
HSC HOSPITALS	1	6		5,700.00	950.00	.001	5700.00		.57
NON-HSC HOSPITALS TOTAL	9	78		85 , 955.99	1102.00	.008	9550.67		8.56
ACCOMMODATIONS	9	78		32,028.55	410.62	.008	3558.73		3.19
ADMINISTRATIVE DAYS	1	3		665.86	221.95	.000	665.86		.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	9	75		31,362.69	418.17	.007	3484.74		3.12
ANCILLARIES	9	0		53 , 927.44	.00	.000	5991.94		5.37
INPATIENT CROSSOVERS	165	797		118,699.28	148.93	.079	719.39		11.82
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	685	3 , 576		80 , 973.53	22.64	.356	118.21		8.06
MEDICAL	5	10		893.94	89.39	.001	178.79		.09
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	13	67		786.90	11.74	.007	60.53		.08
RADIOLOGY	8	15		2,250.55	150.04	.001	281.32		.22
ROOM USE	5	5		195.14	39.03	.000	39.03		.02
CROSSOVERS/ALL OTH OUTPINT	668	3,479		76 , 847.00	22.09	.346	115.04		7.65
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00

DEVELOP. DISABLED 0 0 .00 .00 .00 .00 .00 @NURSING FACILITY 2,764 83,296 \$ 8,612,672.83 \$ 103.40 8.292 \$ 3116.02 \$ 857.4 LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00 .00 LEV B-REHAB MD 7 220 20,497.80 93.17 .022 2928.26 2.0	11
LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00 .00	0 (
IEV D_DEUND MD 7 220 20 407 90 02 17 022 2020 26 2 0	4
LEV D-RERAD MD / 220 20,497.00 93.17 .022 2920.20 2.0	
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00	10
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00 .00	10
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00	10
LEV B-REGULAR 2,758 83,076 8,592,175.03 103.43 8.270 3115.36 855.3	;7
@INTERMEDIATE CARE FACILDD	10
ICF DDH 0 0 .00 .00 .00 .00 .00 .00	10
ICF DD 0 0 .00 .00 .00 .00 .00 .00	10
ICF DDN/DDCN 0 0 .00 .00 .00 .00 .00 .00	10
@HEMODIALYSIS TOTAL 26 30 \$ 11,924.74 \$ 397.49 .003 \$ 458.64 \$ 1.1	. 9
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00	10
HEMODIALYSIS CENTER 26 30 11,924.74 397.49 .003 458.64 1.1	. 9
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 \$.00	10
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00	0 (
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00 .00 .00	10
@LABORATORY FACILITY 9 235 \$ 184.48 \$.79 .023 \$ 20.50 \$.0	12
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00	10
XO AND OTHERS 9 235 184.48 .79 .023 20.50 .0	12
@ORGANIZED OUTPATIENT CLINIC 146 287 \$ 31,046.41 \$ 108.18 .029 \$ 212.65 \$ 3.0	19
CLINIC 1 1 8.08 8.08 .000 8.08 .0	0
SURGICENTER 10 12 2,393.76 199.48 .001 239.38 .2	
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00	
RURAL HEALTH CLINIC 135 274 28,644.57 104.54 .027 212.18 2.8	,5
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,	732
MOP024 FEE-FOR-SERVICE/DENTAL 01/17	/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED	

					1101		01
10,045 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,251	17,559 \$	343,901.24	\$ 19.59	1.748 \$	274.90	\$ 34.24
DURABLE MED. EQUIP.	104	428	37 , 692.94	88.07	.043	362.43	3.75
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	57	80	15,034.60	187.93	.008	263.76	1.50
MEDICAL TRANSPORTATION	84	1,465	5,614.69	3.83	.146	66.84	.56
AMBULANCES/AIR TRANS	9	48	1,022.45	21.30	.005	113.61	.10
OTHER TRANS	42	511	1,666.97	3.26	.051	39.69	.17
OTHER SERVICES	34	906	2,925.27	3.23	.090	86.04	.29
ACUPUNCTURE	2	18	227.10	12.62	.002	113.55	.02
ADULT DAY HEALTH CARE CTR	137	1,833	122,068.05	66.59	.182	891.01	12.15
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	135	297	3,762.56	12.67	.030	27.87	.37
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	14	24	37.78	1.57	.002	2.70	.00
PROSTHETIST/ORTHOTISTS	32	69	1,488.15	21.57	.007	46.50	.15
PROSTHETICS	32	69	1,488.15	21.57	.007	46.50	.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	7.16	3.58	.000	7.16	.00
SPEECH AND AUDIOLOGY	23	31	2,344.49	75.63	.003	101.93	.23
HOSPICE SERVICES	50	1,038	103,304.47	99.52	.103	2066.09	10.28
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	708	12,274	52,319.25	4.26	1.222	73.90	5.21
@CALIF. CHILDREN SERVICES*	0	3CR \$	68.52CR \$	22.84	.000 \$.00 \$.01CR
@XOVER EXCLUDING STATE HOSP**	3,034	16,118 \$	567,295.14 \$	35.20	1.605 \$	186.98 \$	56.48

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,733 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY	SUMMARY OF SER	VICES FOR 56 ALL BLIND					01/1//00
					MON	THLY AVERA	GE
755 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	545	22 , 968 \$	570,965.86		30.421 \$	1047.64	\$ 756.25
@PHYSICIANS SERVICES	183	540 \$	13,385.02				
OUTPATIENT VISITS	88	117	4,121.01	35.22	.155	46.83	5.46
OFFICE VISITS	68	82	2,768.74	33.77	.109	40.72	3.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	24	30	1,201.23	40.04	.040	50.05	1.59
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5	151.04	30.21	.007	30.21	.20
INPATIENT VISITS	2	8	465.47	58.18	.011	232.74	. 62
HOSPITAL VISITS	2	8	465.47	58.18	.011	232.74	.62
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	8	286.21	35.78	.011	35.78	.38
EXAMINATIONS	8	8	286.21	35.78	.011	35.78	.38
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	1,540.08	770.04	.003	770.04	2.04
PRINCIPAL SURGEON	2	2	1,147.80	573.90	.003	573.90	1.52
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	U 8		392.28	.00	.000	.00	.52
OUTPATIENT SURGERY	8	12	666.13	55.51	.016	83.27	.88
PRINCIPAL SURGEON	8	10	574.78	57.48	.013	71.85	.76
ASSISTANT SURGEON	1	2	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		5	91.35	45.68	.003	91.35 226.84	.12 1.50
DIALYSIS	9	15	1,134.21 382.58	226.84 25.51	.007	42.51	
PATHOLOGY RADIOLOGY	9 27	48	1,415.38	29.49	.020	42.51 52.42	.51 1.87
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	10.00	10.00	.001	10.00	.01
OTHER SERVICES/ALL X-OVERS	86	324	3,363.95	10.38	.429	39.12	4.46
@PHARMACY	426	4,099 \$	236,188.63	\$ 57.62	5.429 \$		
PRESCRIPTION DRUGS	424	2,240	229,860.37	102.62	2.967	542.12	304.45
SNF/ICF	48	377	15,835.63	42.00	.499	329.91	20.97
OUTPATIENTS	379	1,863	214,024.74	114.88	2.468	564.71	283.48
MEDICAL SUPPLIES	43	1,859	6,328.26	3.40	2.462	147.17	8.38
@DENTIST	29	76 \$		\$ 26.34	.101 \$		
VISITS - DIAGNOSTIC	26	54	1,107.00	20.50	.072	42.58	1.47
ORAL SURGERY	5	8	300.00	37.50	.011	60.00	.40
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
	ŭ	ŭ	.00	• • • •	• • • •	• 5 0	• 5 0

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	12	465.00	38.75	.016	77.50	.62
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.04
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.001	100.00	.13
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2002 THRU DE	C 2002	PAGE 8,734
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

NEVADA COUNTY	SUMMARY OF SER	VICES FOR 56 ALL	RLIND					O 3.T.F		с п	
755 817018180	HORDO	INITES OF SERVICE			7. 7. 7.				THLY AVERA	GE.	
755 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
A O DECOMEED I CE	2	OR DAYS OF CARE		148.01		R UNIT/DAY 29.60	PER ELIG		USER 74.01	ċ	ELIGIBLE
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	2 2	5	\$	94.90	\$	47.45		Ş	47.45	Þ	.20 .13
EYE APPLIANCES	∠ 1	2		53.11		17.70	.003		53.11		.13
	0	0		.00			.004				
OTHER OPTOMETRIC SERVICES	2	7	Ċ		ċ	.00		Ċ	.00	ċ	.00 .16
@CHIROPRACTOR	2	7	\$	117.04	\$	16.72 16.72	.009	Ş	58.52 58.52	\$.16
VISITS	0	0		117.04							
OTHER SERVICES	· ·		ć	.00	<u> </u>	.00	.000	Ċ	.00	Ċ	.00
@PODIATRIST	12	15	\$	236.88	\$	15.79	.020	Ş	19.74	\$.31
MEDICINE/INJECTIONS	1	1		51.00		51.00	.001		51.00		.07
SURGERY/ANES.	-	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	11	14		185.88	_	13.28	.019	_	16.90	_	.25
@HOME HEALTH AGENCY	2	724	\$	21,421.00	Ş	29.59	.959		10710.50	\$	28.37
NURSE ANESTHESIST	2	14	\$	37.41	\$	2.67	.019	\$	18.71	\$.05
NURSE MIDWIFE	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	126	622	\$	29,448.77	\$	47.35		\$	233.72	\$	39.00
HOSP INPATIENT TOTAL	11	41		17,908.22		436.79	.054		1628.02		23.72
HSC HOSPITALS	1	8		9,615.00		1201.88	.011		9615.00		12.74
NON-HSC HOSPITAL TOTAL	2	3		2,656.00		885.33	.004		1328.00		3.52
ACCOMMODATIONS	2	3 0		967.54		322.51	.004		483.77		1.28
ADMINISTRATIVE DAYS	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	3		967.54		322.51	.004		483.77		1.28
ANCILLARIES	2	0		1,688.46		.00	.000		844.23		2.24
INPATIENT CROSSOVERS	8	30		5 , 637.22		187.91	.040		704.65		7.47
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	119	581		11,540.55		19.86	.770		96.98		15.29
MEDICAL	10	12		595.19		49.60	.016		59.52		.79
SURGERY	7	7		124.95		17.85	.009		17.85		.17
PATHOLOGY	32	134		1,832.69		13.68	.177		57.27		2.43
RADIOLOGY	21	30		1,177.32		39.24	.040		56.06		1.56
ROOM USE	41	52		2,032.06		39.08	.069		49.56		2.69
CROSSOVERS/ALL OTH OUTPTNT	72	346		5,778.34		16.70	.458		80.25		7.65
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN	2002 THRU DE	C 2002	PAGE 8,735
MOP024	FEE-FOR-SERVICE/DENTA	ĄL					01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES H	FOR 56 ALL BL	IND				

NEVADA COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

----- MONTHLY AVERAGE ------

755 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	3	COST PER		COST PER
OCOMMUNITARY HOODITARY TOTAL	100	OR DAYS OF CARE		20 440 77			PER ELIG	Ċ	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	126	622	\$	29,448.77	\$	47.35	.824	Ş		Ş	39.00
COMM HOSP INPATIENT TOTAL	11	41		17,908.22		436.79	.054		1628.02		23.72
HSC HOSPITALS	1	8		9,615.00		1201.88	.011		9615.00		12.74
NON-HSC HOSPITALS TOTAL	2	3		2,656.00		885.33	.004		1328.00		3.52
ACCOMMODATIONS	2	3		967.54		322.51	.004		483.77		1.28
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	3		967.54		322.51	.004		483.77		1.28
ANCILLARIES	2	0		1,688.46		.00	.000		844.23		2.24
INPATIENT CROSSOVERS	8	30		5 , 637.22		187.91	.040		704.65		7.47
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	119	581		11,540.55		19.86	.770		96.98		15.29
MEDICAL	10	12		595.19		49.60	.016		59.52		.79
SURGERY	7	7		124.95		17.85	.009		17.85		.17
PATHOLOGY	32	134		1,832.69		13.68	.177		57.27		2.43
RADIOLOGY	21	30		1,177.32		39.24	.040		56.06		1.56
ROOM USE	41	52		2,032.06		39.08	.069		49.56		2.69
CROSSOVERS/ALL OTH OUTPTNT	72	346		5,778.34		16.70	.458		80.25		7.65
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	39	970	\$	111,302.88	\$	114.75	1.285	\$	2853.92	\$	147.42
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	39	970		111,302.88		114.75	1.285		2853.92		147.42
@INTERMEDIATE CARE FACILDD	10	383	\$	53,331.61			.507	\$	5333.16	\$	70.64
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	6	222		25,787.42		116.16	.294		4297.90		34.16
ICF DDN/DDCN	4	161		•		171.08	.213		6886.05		36.48
@HEMODIALYSIS TOTAL	26	323	\$	21,648.39	\$.428	\$		\$	28.67
HOSPITAL BASED	0	0	·	.00	·	.00	.000	•	.00		.00
HEMODIALYSIS CENTER	26	323				67.02	.428		832.63		28.67
@REHABILITATION FACILITY	13	105	\$		\$.139	\$		\$	2.14
HOSPITAL BASED	1	1		34.56	•	34.56	.001		34.56		.05

INDEPENDENT FACILITY	12	104		1,583.93		15.23	.138	131.99		2.10
@LABORATORY FACILITY	6	48	\$	871.10	\$	18.15	.064	\$ 145.18	\$	1.15
PATHOLOGY	6	48		871.10		18.15	.064	145.18		1.15
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	29	53	\$	6,825.70	\$	128.79	.070	\$ 235.37	\$	9.04
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	29	53		6,825.70		128.79	.070	235.37		9.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES MO	ONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU I	EC 2002	PF	GE 8,736
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 56 ALL	BLINI							
							MC	NTHLY AVERA	GE -	
755 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CAR	€		PEF	R UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	162	14,984	\$	72,382.93	\$	4.83	19.846	\$ 446.81	\$	95.87
DURABLE MED. EQUIP.	11	48		5,426.96		113.06	.064	493.36		7.19
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	5	7		722.76		103.25	.009	144.55		.96
MEDICAL TRANSPORTATION	8	107		3,298.14		30.82	.142	412.27		4.37
AMBULANCES/AIR TRANS	3	55		1,283.53		23.34	.073	427.84		1.70
OTHER TRANS	2	28		81.96		2.93	.037	40.98		.11
OTHER SERVICES	4	24		1,932.65		80.53	.032	483.16		2.56
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	24	222		14,810.45		66.71	.294	617.10		19.62
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	7	16		168.48		10.53	.021	24.07		.22
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	2	11		1,142.38		103.85	.015	571.19		1.51

PROSTHETICS	2	11	1,142.38	103.85	.015	571.19	1.51
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	76.02	38.01	.003	38.01	.10
SPEECH AND AUDIOLOGY	4	5	227.68	45.54	.007	56.92	.30
HOSPICE SERVICES	3	76	8,153.28	107.28	.101	2717.76	10.80
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	42	7,053	32,569.10	4.62	9.342	775.45	43.14
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	67	7,437	5 , 787.68	.78	9.850	86.38	7.67
@CALIF. CHILDREN SERVICES*	34	631	\$ 18,216.69	\$ 28.87	.836	\$ 535.79	\$ 24.13
@XOVER EXCLUDING STATE HOSP**	154	2,529	\$ 33,629.08	\$ 13.30	3.350	\$ 218.37	\$ 44.54

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 8,737

01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

NEVINER COUNTY	BOTHLING OF BEIN	VICED FOR 57 ME	DIDII			MON	אסשווא אוודם	CF
20,515 ELIGIBLES	USERS	UNITS OF SERVICE	7	EADENULLIDES	AVERAGE COST			COST PER
20,313 EDIGIDDES	ODERO	OR DAYS OF CARE		EXIENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	15,692	410,696	\$	12,899,600.26	\$ 31.41	20.019 \$		\$ 628.79
@PHYSICIANS SERVICES	4,978			606,899.47	•			•
OUTPATIENT VISITS	2,934	4,890			35.39		58.99	8.44
OFFICE VISITS	2,226	3,363			29.93			4.91
HOME VISITS	5	3 , 3 3 3			56.25			
EMERGENCY ROOM	898	1,307		65,584.09	50.18		73.03	
PREVENTIVE CARE	0	0		.00	.00		.00	
OB VISITS/COMPRE PERI	1	2		186.31	93.16	.000	186.31	
OTHER OUTPATIENT	196	212			29.74		32.16	
INPATIENT VISITS	305	1,405			40.32		185.74	
HOSPITAL VISITS	230	1,259			38.56		211.06	
CRITICAL CARE	16	47		5,150.38	109.58	.002	321.90	.25
SNF/ICF/TRANS IP CARE	75	99			29.87		39.43	.14
OPHTHALMOLOGICAL SERVICES	94	104		4,604.04	44.27	.005	48.98	.22
EXAMINATIONS	94	104		4,604.04	44.27	.005	48.98	.22
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	123	801		83,238.18	103.92	.039	676.73	4.06
PRINCIPAL SURGEON	92	144		62,754.26	435.79	.007	682.11	3.06
ASSISTANT SURGEON	15	17		5,285.14	310.89	.001	352.34	.26
ANESTHESIOLOGIST	48	640		15,198.78	23.75		316.64	.74
OUTPATIENT SURGERY	374	907		70,044.32	77.23	.044	187.28	3.41
PRINCIPAL SURGEON	315	404		57,271.08	141.76	.020	181.81	2.79
ASSISTANT SURGEON	4	4		598.66	149.67	.000	149.67	.03
ANESTHESIOLOGIST	80	499		12,174.58	24.40		152.18	.59
DIALYSIS	24	133		•	54.28		300.78	.35
PATHOLOGY	389	783		•	20.27		40.80	
RADIOLOGY	1,047	1,968		62 , 613.01	31.82	.096	59.80	3.05
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	171	430		•	14.33	.021	36.04	.30
OTHER SERVICES/ALL X-OVERS	2,047	7 , 066		,	18.03	.344	62.25	6.21
@PHARMACY	12,906	140,096						
PRESCRIPTION DRUGS	12,805	57 , 199			115.13	2.788	514.27	321.00
SNF/ICF	472	3,101			82.15	.151	539.72	12.42
OUTPATIENTS	12,393	54,098		6,330,509.29	117.02	2.637	510.81	308.58

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	731	82 , 897	120,672.84	1.46	4.041	165.08	5.88
@DENTIST	1,154	4,352 \$	198,774.65	\$ 45.67	.212 \$	172.25	\$ 9.69
VISITS - DIAGNOSTIC	773	2,485	40,300.59	16.22	.121	52.14	1.96
ORAL SURGERY	170	649	27,891.37	42.98	.032	164.07	1.36
DRUGS	16	16	275.00	17.19	.001	17.19	.01
ANESTHESIA	12	13	1,300.00	100.00	.001	108.33	.06
PERIODONTICS	32	47	8,385.00	178.40	.002	262.03	.41
ENDODONTICS	51	69	14,968.00	216.93	.003	293.49	.73
RESTORATIVE DENTISTRY	350	837	64,948.50	77.60	.041	185.57	3.17
PROSTHETICS	12	11	259.00	23.55	.001	21.58	.01
DENTURES, STAYPLATES	105	210	39,511.00	188.15	.010	376.30	1.93
SPACE MAINTAINERS	4	4	600.00	150.00	.000	150.00	.03
MAXILLOFACIAL SERVICES	2	2	266.19	133.10	.000	133.10	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	70.00	35.00	.000	35.00	.00
ALL OTHER SERVICES	6	7	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PAYMENT REI	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 8,738
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	R 57 ALL DI	SABLED				

----- MONTHLY AVERAGE -----20,515 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 424 1,208 24,377.83 \$ 20.18 .059 \$ 57.49 \$ 1.19 7,200.07 DIAGNOSTIC AND ANC. PROCED 155 160 45.00 .008 46.45 .35 15,379.22 16.04 1,798.54 20.21 2,429.25 \$ 16.09 2,253.02 16.69 EYE APPLIANCES 327 959 15,379.22 .047 47.03 .75 OTHER OPTOMETRIC SERVICES 77 89 .004 23.36 .09 .007 \$ @CHIROPRACTOR 96 151 25.30 \$.12 135 16 .007 86 VISITS

 2,253.02
 10.09
 .007

 176.23
 11.01
 .001

 3,986.18
 \$ 17.56
 .011

 1,755.95
 24.73
 .003

 19.00
 19.00
 .000

 13.00
 13.00
 .000

 2,198.23
 14.27
 .008

 100,542.91
 \$ 37.88
 .129

 305.04
 \$ 2.68
 .006

 26.20 .11 17.62 OTHER SERVICES 1.0 .001 .01 227 167 .011 \$ 23.87 \$.19 @PODIATRIST 71 .003 MEDICINE/INJECTIONS 27.44 .09 1 1 154 1 1 SURGERY/ANES. 19.00 .00 RADIO./PATHOLOGY 13.00 .00 OTHER 110 19.98 .11 107 @HOME HEALTH AGENCY 2,654 .129 \$ 939.65 \$ 9 .006 \$ 114 \$ 305.04 \$ 2.68 33.89 \$.01 NURSE ANESTHESIST 2 \$ 131.58 \$ 65.79 .000 \$ 131.58 \$ NURSE MIDWIFE .000 \$
.005 \$ 2
.005 \$ 2
.005 \$ 658
.002.10 .101 5386
.1190.95 .024 13398
.1424.40 .041 6749.
.402.47 .041 1918.
.308.66 .008 5692.
.00 .000 .000
.425.79 .033 1683.0
.00 .000 4842.5
.129.64 .037 708.7
.00 .000
.26.80 .904 146.57
.40.27 .034 60.10
.36.40 .013 39.09
.12.63 .265 52.15
.87.89 .065 143.10
.42.22 .105 67.10 PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$.00 102 \$ 2,397.30 \$ 23.50 2,371,581.59 \$ 115.01 FAMILY NURSE PRACTITIONER 81 29.60 \$ 20,621 \$ @TOTAL HOSPITAL 3,602 658.41 \$ 115.60 HOSP INPATIENT TOTAL 348 2,078 1,874,567.70 HSC HOSPITALS 495 589,520.28 NON-HSC HOSPITAL TOTAL 176 834 1,187,946.26 ACCOMMODATIONS 175 834 335,664.09 ADMINISTRATIVE DAYS 166 51,236.84 0 0 .00 TRANSITIONAL IP CARE .00 169 668 ALL OTHER ACCOM 284,427.25 13.86 176 0 ANCILLARIES 852,282.17 41.54 INPATIENT CROSSOVERS 137 749 97,101.16 4.73 0 0 ALL OTHER INPATIENT .00 .00 18,543 3,391 497,013.89 HOSP OUTPATIENT TOTAL 24.23 471 703 28,306.98 1.38 MEDICAL 257 276 SURGERY 10,047.23 PATHOLOGY 1,316 5,436 68,632.76 3.35 RADIOLOGY 815 1,327 116,627.55 5.68 ROOM USE 1,359 2,160 91,194.17 4.45

CROSSOVERS/ALL OTH OUTPINT	1,804	8,641		182,205.20		21.09	.421	101.00		8.88
@COUNTY HOSPITAL TOTAL	11	148	\$	107,978.30	\$	729.58	.007	\$ 9816.21	\$	5.26
CO HOSPITAL INPATIENT TOTAL	1	98		106,384.78		1085.56	.005	106384.78		5.19
HSC HOSPITALS	1	53		71,656.00		1352.00	.003	71656.00		3.49
NON-HSC HOSPITALS TOTAL	1	45		34,728.78		771.75	.002	34728.78		1.69
ACCOMMODATIONS	1	45		10,408.50		231.30	.002	10408.50		.51
ADMINISTRATIVE DAYS	1	45		10,408.50		231.30	.002	10408.50		.51
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	1	0		24,320.28		.00	.000	24320.28		1.19
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	10	50		1,593.52		31.87	.002	159.35		.08
MEDICAL	3	4		329.50		82.38	.000	109.83		.02
SURGERY	1	1		11.25		11.25	.000	11.25		.00
PATHOLOGY	3	15		202.41		13.49	.001	67.47		.01
RADIOLOGY	3	5		100.79		20.16	.000	33.60		.00
ROOM USE	6	12		562.26		46.86	.001	93.71		.03
CROSSOVERS/ALL OTH OUTPINT	7	13		387.31		29.79	.001	55.33		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	JRES MONTH-	OF-PAYMENT RE	POR'	T FOR JAN	2002 THRU	DEC 2002	PAGE	E 8,739
MOP024	FEE-FOR-SERVICE/DENTAL								(01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	57 ALI	L DISABLED							

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/0
NEVADA COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

----- MONTHLY AVERAGE -----
20,515 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	EI	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	3 , 595	20,473	\$	2,263,603.29	\$ 110.57	.998	\$ 629.65	\$	110.34
COMM HOSP INPATIENT TOTAL	347	1,980		1,768,182.92	893.02	.097	5095.63		86.19
HSC HOSPITALS	43	442		517,864.28	1171.64	.022	12043.36		25.24
NON-HSC HOSPITALS TOTAL	175	789		1,153,217.48	1461.62	.038	6589.81		56.21
ACCOMMODATIONS	174	789		325,255.59	412.24	.038	1869.29		15.85
ADMINISTRATIVE DAYS	8	121		40,828.34	337.42	.006	5103.54		1.99
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	169	668		284,427.25	425.79	.033	1683.00		13.86
ANCILLARIES	175	0		827,961.89	.00	.000	4731.21		40.36
INPATIENT CROSSOVERS	137	749		97,101.16	129.64	.037	708.77		4.73
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	3,385	18,493		495,420.37	26.79	.901	146.36		24.15
MEDICAL	469	699		27 , 977.48	40.03	.034	59.65		1.36
SURGERY	256	275		10,035.98	36.49	.013	39.20		.49
PATHOLOGY	1,313	5,421		68,430.35	12.62	.264	52.12		3.34
RADIOLOGY	813	1,322		116,526.76	88.14	.064	143.33		5.68
ROOM USE	1,354	2,148		90,631.91	42.19	.105	66.94		4.42
CROSSOVERS/ALL OTH OUTPTNT	1 , 797	8,628		181,817.89	21.07	.421	101.18		8.86
@STATE HOSPITAL	7	212	\$	91 , 450.59	\$ 431.37	.010	\$ 13064.37	\$	4.46
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	7	212		91,450.59	431.37	.010	13064.37		4.46
@NURSING FACILITY	347	9,912	\$	1,185,016.45	\$ 119.55	.483	\$ 3415.03	\$	57.76
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	347	9,912		1,185,016.45	119.55	.483	3415.03		57.76
@INTERMEDIATE CARE FACILDD	44	1,412	\$. ,	\$ 143.20	.069		\$	9.86
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	23	863		104,987.38	121.65	.042	4564.67		5.12

ICF DDN/DDCN	21	549		97,214.92		177.08	.027		4629.28		4.74
@HEMODIALYSIS TOTAL	159	3,040	\$	157,819.52	\$	51.91	.148	\$	992.58	\$	7.69
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	159	3,040		157,819.52		51.91	.148		992.58		7.69
@REHABILITATION FACILITY	44	575	\$	8,006.71	\$	13.92	.028	\$	181.97	\$.39
HOSPITAL BASED	6	24		934.25		38.93	.001		155.71		.05
INDEPENDENT FACILITY	38	551		7,072.46		12.84	.027		186.12		.34
@LABORATORY FACILITY	411	1,834	\$	24,514.53	\$	13.37	.089	\$	59.65	\$	1.19
PATHOLOGY	404	1,770		24,476.34		13.83	.086		60.59		1.19
XO AND OTHERS	7	64		38.19		.60	.003		5.46		.00
@ORGANIZED OUTPATIENT CLINIC	1 , 275	2,269	\$	237,845.44	\$	104.82	.111	\$	186.55	\$	11.59
CLINIC	55	111		2,621.58		23.62	.005		47.67		.13
SURGICENTER	8	20		1,365.10		68.26	.001		170.64		.07
HEROIN DETOX CLINIC	2	7		102.20		14.60	.000		51.10		.00
RURAL HEALTH CLINIC	1,218	2,131		233,756.56		109.69	.104		191.92		11.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES N	MONTH-OF-PAYMENT RE	EPOR:	r for Jan	2002 THRU	DEC	2002	P	AGE 8,740
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES	FOR 57 ALL	DISA	ABLED							

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 20,515 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 2,547 203,428 975,390.80 4.79 9.916 \$ 382.96 \$ 47.55 DURABLE MED. EQUIP. 360 1,266 171,880.86 135.77 .062 477.45 8.38 BLOOD BANK 0 0 38.00 .00 .000 .00 .00 32 8,618.52 .002 HEARING AID DISPENSERS 44 195.88 269.33 .42 263 7,212 57,901.74 8.03 .352 220.16 MEDICAL TRANSPORTATION 18.69 187 2,144 40,067.01 .105 214.26 1.95 AMBULANCES/AIR TRANS OTHER TRANS 22 3,400 9,697.60 2.85 .166 440.80 .47 OTHER SERVICES 1,668 8,137.13 4.88 .081 137.92 .40 2 16.22 40.55 ACUPUNCTURE 5 81.10 .000 .00 141 1,822 119,769.82 65.74 .089 849.43 5.84 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING 3 3 188.00 62.67 .000 62.67 .01 .263 IHMC, MODEL-NF, NF, AIDS, MSSP 108 5,395 185,378.58 34.36 1716.47 9.04 55 89.36 OCCUPATIONAL THERAPIST 446.78 8.12 .003 .02 OPTICIAN 416 954 10,551.33 11.06 .047 25.36 .51 21.00 22 .001 PHYSICAL THERAPIST 462.10 57.76 .02 5 PORTABLE X-RAY 124.40 24.88 .000 62.20 .01 PROSTHETIST/ORTHOTISTS 304 31,572.27 103.86 .015 332.34 1.54 PROSTHETICS 85 292 31,155.89 106.70 .014 366.54 1.52 10 ORTHOTICS 12 416.38 34.70 .001 41.64 .02 PSYCHOLOGIST 9 29 481.54 16.60 .001 53.50 .02 SPEECH AND AUDIOLOGY 272 20,812.78 76.52 .013 236.51 1.01 HOSPICE SERVICES 920 108,056.47 117.45 .045 2843.59 5.27 NONINST BIRTHING CENTERS Ω Ω .00 .00 .000 .00 .00 36,711 131,892.57 3.59 1.789 339.06 LOCAL EDUCATION AGENCIES 6.43 0 .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 .00 RESPIRATORY CARE PRACT. 0 0 .00 .00 .000 .00 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 127,133.94 7.234 157.34 808 148,409 .86 6.20 4,235 @CALIF. CHILDREN SERVICES* 264 200,401.95 47.32 .206 \$ 759.10 9.77

425,263.22

12.63

20.73

163.88

1.641 \$

[@]XOVER EXCLUDING STATE HOSP** 2,595 33,668 \$
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

IND VIIDII COONIII	DOTHILL OF DELL	VICED FOR 50 MILE IM	111110				
					MON	ITHLY AVERA	GE
46,430 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	22,309	119,197 \$	6,481,734.18	\$ 54.38	2.567 \$	290.54	\$ 139.60
@PHYSICIANS SERVICES	10,655	26,835 \$	1,017,095.58	\$ 37.90	.578 \$	95.46	\$ 21.91
OUTPATIENT VISITS	8,669	12,358	410,256.09	33.20	.266	47.32	8.84
OFFICE VISITS	6,417	8,513	254,965.04	29.95	.183	39.73	5.49
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,772	3,510	138,099.73	39.34	.076	49.82	2.97
PREVENTIVE CARE	11	13	585.26	45.02	.000	53.21	.01
OB VISITS/COMPRE PERI	90	160	12,023.19	75.14	.003	133.59	.26
OTHER OUTPATIENT	144	162	4,582.87	28.29	.003	31.83	.10
INPATIENT VISITS	415	1,250	72 , 933.80	58.35	.027	175.74	1.57
HOSPITAL VISITS	398	1,053	47 , 515.57	45.12	.023	119.39	1.02
CRITICAL CARE	37	191	25,205.43	131.97	.004	681.23	.54
SNF/ICF/TRANS IP CARE	4	6	212.80	35.47	.000	53.20	.00
OPHTHALMOLOGICAL SERVICES	98	100	4,705.94	47.06	.002	48.02	.10
EXAMINATIONS	97	98	4,653.64	47.49	.002	47.98	.10
SERVICES AND MATERIALS	2	2	52.30	26.15	.000	26.15	.00
INPATIENT HOSPITAL SURGERY	382	1,833	209,920.48	114.52	.039	549.53	4.52
PRINCIPAL SURGEON	242	320	170,657.38	533.30	.007	705.20	3.68
ASSISTANT SURGEON	32	33	6,754.86	204.69	.001	211.09	.15
ANESTHESIOLOGIST	168	1,480	32,508.24	21.97	.032	193.50	.70
OUTPATIENT SURGERY	897	1,923	124,993.84	65.00	.041	139.35	2.69
PRINCIPAL SURGEON	792	998	102,777.00	102.98	.021	129.77	2.21
ASSISTANT SURGEON	4	4	426.52	106.63	.000	106.63	.01
ANESTHESIOLOGIST	169	921	21,790.32	23.66	.020	128.94	.47
DIALYSIS	7	24	1,498.27	62.43	.001	214.04	.03
PATHOLOGY	1,310	1,807	26,027.84	14.40	.039	19.87	.56
RADIOLOGY	2,082	3,182	90,031.15	28.29	.069	43.24	1.94
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	273	494		8,390.03		16.98	.011		30.73		.18
OTHER SERVICES/ALL X-OVERS	1,099	3,864	(58,338.14		17.69	.083		62.18		1.47
@PHARMACY	10,682	30,076	\$ 1,64	45 , 624.90	\$	54.72	.648	\$	154.06	\$	35.44
PRESCRIPTION DRUGS	10,601	23,844	1,47	75,834.64		61.90	.514		139.22		31.79
SNF/ICF	14	36		2,124.62		59.02	.001		151.76		.05
OUTPATIENTS	10,589	23,808	1,47	73,710.02		61.90	.513		139.17		31.74
MEDICAL SUPPLIES	209	6,232	16	59,790.26		27.24	.134		812.39		3.66
@DENTIST	2,487	9,641	\$ 35	58,619.80	\$	37.20	.208	\$	144.20	\$	7.72
VISITS - DIAGNOSTIC	1,737	5,882	10	01,417.95		17.24	.127		58.39		2.18
ORAL SURGERY	280	758	4	40,351.50		53.23	.016		144.11		.87
DRUGS	192	217		4,233.75		19.51	.005		22.05		.09
ANESTHESIA	35	37		3,550.00		95.95	.001		101.43		.08
PERIODONTICS	17	22		2,190.00		99.55	.000		128.82		.05
ENDODONTICS	166	244	4	40,451.00		165.78	.005		243.68		.87
RESTORATIVE DENTISTRY	927	2,241	14	11,949.60		63.34	.048		153.13		3.06
PROSTHETICS	11	12		390.00		32.50	.000		35.45		.01
DENTURES, STAYPLATES	40	112	1	L4,297.00		127.65	.002		357.43		.31
SPACE MAINTAINERS	27	28		3,911.00		139.68	.001		144.85		.08
MAXILLOFACIAL SERVICES	1	1		48.00		48.00	.000		48.00		.00
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000		800.00		.02
ORTHODONTIC SERVICES	50	63		4,510.00		71.59	.001		90.20		.10
ALL OTHER SERVICES	18	23		520.00		22.61	.000		28.89		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-	-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	PAGE	8,742
MOP024	FEE-FOR-SERVICE/DENTA	L								C	1/17/03

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

NEVADA COUNTY

----- MONTHLY AVERAGE -----46,430 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 1,329 31,202.14 23.48 .029 \$ 67.39 \$.67 348 348 16,363.81 47.02 .007 47.02 .35 DIAGNOSTIC AND ANC. PROCED 351 976 .021 EYE APPLIANCES 14,673.38 15.03 41.80 .32 6 32.99 27.49 OTHER OPTOMETRIC SERVICES 5 164.95 .000 .00 192 @CHIROPRACTOR 296 4,949.12 16.72 .006 \$ 25.78 \$.11 192 16.72 25.78 VISITS 4,949.12 .006 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 27 34 1,283.29 37.74 .001 \$ 47.53 \$.03 @PODIATRIST MEDICINE/INJECTIONS 874.50 39.75 .000 39.75 .02 SURGERY/ANES. 84.14 84.14 .000 84.14 .00 RADIO./PATHOLOGY 34.60 17.30 .000 17.30 .00 OTHER 9 290.05 32.23 .000 41.44 .01 @HOME HEALTH AGENCY 43 279 14,836.40 53.18 .006 \$ 345.03 .32 NURSE ANESTHESIST 0 0 .00 .00 .000 \$.00 .00 294.25 \$ NURSE MIDWIFE 39 3,531.05 90.54 .001 \$.08 PEDIATRIC NURSE PRACTITIONER 0 Ω .00 .00 .000 \$.00 .00 267 337 8,506.96 25.24 .007 \$ 31.86 FAMILY NURSE PRACTITIONER 28,279 93.25 .609 \$ 438.26 @TOTAL HOSPITAL 6,017 2,637,033.37 421 1,559 .034 HOSP INPATIENT TOTAL 1,920,715.47 1232.02 4562.27 41.37 HSC HOSPITALS 417 512,456.71 1228.91 .009 6100.68 11.04 NON-HSC HOSPITAL TOTAL 334 1,127 1,403,199.58 1245.08 .024 4201.20 30.22 334 1,127 334.73 .024 1129.48 8.13 ACCOMMODATIONS 377,245.42 200.07CR .00 .000 .00 .00 ADMINISTRATIVE DAYS 0 .00 0 .00 .00 .00 TRANSITIONAL IP CARE .000 1,127 334.91 334 .024 1130.08 ALL OTHER ACCOM 377,445.49 8.13 ANCILLARIES 334 0 1,025,954.16 .00 .000 3071.72 22.10 INPATIENT CROSSOVERS 8 15 5,059.18 337.28 .000 632.40 .11 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	5,785	6,720		716,317.90	26.81	.575	123.82	15.43
MEDICAL	716	898		28,562.08	31.81	.019	39.89	.62
SURGERY	664	739		20,856.53	28.22	.016	31.41	.45
PATHOLOGY	2,262	7,951		106,159.92	13.35	.171	46.93	2.29
RADIOLOGY	1,671	2,301		151,616.98	65.89	.050	90.73	3.27
ROOM USE	3 , 967	5,923		225,353.32	38.05	.128	56.81	4.85
CROSSOVERS/ALL OTH OUTPINT	2,490	8,908		183,769.07	20.63	.192	73.80	3.96
@COUNTY HOSPITAL TOTAL	7	51	\$	1,693.36	\$ 33.20	.001	\$ 241.91	\$.04
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	51		1,693.36	33.20	.001	241.91	.04
MEDICAL	4	4		177.39	44.35	.000	44.35	.00
SURGERY	1	3		63.94	21.31	.000	63.94	.00
PATHOLOGY	2	10		205.62	20.56	.000	102.81	.00
RADIOLOGY	1	2		40.12	20.06	.000	40.12	.00
ROOM USE	6	15		794.15	52.94	.000	132.36	.02
CROSSOVERS/ALL OTH OUTPINT	5	17		412.14	24.24	.000	82.43	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH	-OF-PAYMENT REF	PORT FOR JAN	2002 THRU I	DEC 2002	PAGE 8,743
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	58 ALL	FAMILIES					

----- MONTHLY AVERAGE -----

46,430 ELIGIBLES	USERS	UNITS OF SERVICE	!	EXPENDITURES	AVERAGE COST	IINTTS/DAY	S COST PER	 COST PER
10, 130 1110111110	овыко	OR DAYS OF CARE		LAT ENDITORED	PER UNIT/DAY			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,013	28,228	\$	2,635,340.01	\$ 93.36	.608		56.76
COMM HOSP INPATIENT TOTAL	421	1,559	•		1232.02	.034	4562.27	41.37
HSC HOSPITALS	84	417		512,456.71	1228.91	.009	6100.68	11.04
NON-HSC HOSPITALS TOTAL	334	1,127		1,403,199.58	1245.08	.024	4201.20	30.22
ACCOMMODATIONS	334	1,127		377,245.42	334.73	.024	1129.48	8.13
ADMINISTRATIVE DAYS	0	, 0		200.07CR		.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	334	1,127		377,445.49	334.91	.024	1130.08	8.13
ANCILLARIES	334	0		1,025,954.16	.00	.000	3071.72	22.10
INPATIENT CROSSOVERS	8	15		5,059.18	337.28	.000	632.40	.11
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5 , 781	26,669		714,624.54	26.80	.574	123.62	15.39
MEDICAL	713	894		28,384.69	31.75	.019	39.81	.61
SURGERY	663	736		20,792.59	28.25	.016	31.36	.45
PATHOLOGY	2,260	7,941		105,954.30	13.34	.171	46.88	2.28
RADIOLOGY	1,670	2,299		151,576.86	65.93	.050	90.76	3.26
ROOM USE	3,964	5,908		224,559.17	38.01	.127	56.65	4.84
CROSSOVERS/ALL OTH OUTPINT	2,486	8,891		183,356.93	20.62	.191	73.76	3.95
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2	5	\$	576.05	\$ 115.21	.000	\$ 288.03	\$.01
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	5		576.05		115.21	.000		288.03		.01
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	10	527	\$	16,827.90	\$	31.93	.011	\$	1682.79	\$.36
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	10	527		16,827.90		31.93	.011		1682.79		.36
@REHABILITATION FACILITY	16	227	\$	3,716.72	\$	16.37	.005	\$	232.30	\$.08
HOSPITAL BASED	4	9		729.40		81.04	.000		182.35		.02
INDEPENDENT FACILITY	12	218		2,987.32		13.70	.005		248.94		.06
@LABORATORY FACILITY	927	2,000	\$	39 , 248.78	\$	19.62	.043	\$	42.34	\$.85
PATHOLOGY	927	2,000		39,248.78		19.62	.043		42.34		.85
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,297	4,587	\$	464,246.07	\$	101.21	.099	\$	202.11	\$	10.00
CLINIC	555	1,724		47,622.05		27.62	.037		85.81		1.03
SURGICENTER	30	154		4,837.66		31.41	.003		161.26		.10
HEROIN DETOX CLINIC	1	4		58.40		14.60	.000		58.40		.00
RURAL HEALTH CLINIC	1,741	2,705		411,727.96		152.21	.058		236.49		8.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES MON'	TH-OF-PAYMENT R	EPOR1	r for Jan	2002 THRU	DEC	2002	PA	AGE 8,744
MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FO	DR 58 AL	L FAMILI	ES							

----- MONTHLY AVERAGE -----46,430 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 2,308 14,706 234,436.05 15.94 .317 \$ 101.58 \$ 5.05 132 19,418.45 147.11 .003 258.91 .42 DURABLE MED. EQUIP. 1 10 153.00 15.30 .000 153.00 .00 BLOOD BANK 78.33 117.50 235.00 .000 .01 HEARING AID DISPENSERS 174 27.04 MEDICAL TRANSPORTATION 2,730 73,816.81 .059 424.23 1.59 170 AMBULANCES/AIR TRANS 2,558 46,393.67 18.14 .055 272.90 1.00 36 OTHER TRANS 108.71 3.02 .001 54.36 .00 OTHER SERVICES 19 136 27,314.43 200.84 .003 1437.60 .59 145.97 20.85 .000 36.49 ACUPUNCTURE .00 0 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 150 GENETIC DISEASE TESTING 150 11,514.00 76.76 .003 76.76 .25 0 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 OPTICIAN 411 898 8,144.48 9.07 .019 19.82 .18 PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 PORTABLE X-RAY PROSTHETIST/ORTHOTISTS 78 5,595.84 71.74 .002 147.26 .12 5,221.41 77.93 .001 174.05 PROSTHETICS ORTHOTICS 11 374.43 34.04 .000 46.80 .01 PSYCHOLOGIST 1 6 455.76 75.96 .000 455.76 .01 77 SPEECH AND AUDIOLOGY 13,543.40 175.89 .002 501.61 .29 HOSPICE SERVICES 215 17,281.69 80.38 5760.56 .005 .37 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00 9,615 79,999.36 8.32 56.02 1.72 LOCAL EDUCATION AGENCIES 1,428 .207 0 0 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 31 785 4,132.29 5.26 .017 133.30 .09 @CALIF. CHILDREN SERVICES* 185 2,277 422,444.24 185.53 .049 \$ 2283.48 \$ 9.10 @XOVER EXCLUDING STATE HOSP** 93 398 \$ 10,023.98 \$ 25.19 .009 \$ 107.78 \$.22

PAGE 8,745

----- MONTHLY AVERAGE -----

01/17/03

0* Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

						THLY AVERA	GE
2,337 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,047	54,988 \$	536,539.92	\$ 9.76	23.529 \$	512.45	\$ 229.58
@PHYSICIANS SERVICES	463	1,305 \$	63,575.59	\$ 48.72	.558 \$		
OUTPATIENT VISITS	331	465	16,982.67	36.52	.199	51.31	7.27
OFFICE VISITS	223	292	8,787.77	30.10	.125	39.41	3.76
			- ,				
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	113	143	6,391.32	44.69	.061	56.56	2.73
PREVENTIVE CARE	2	2	120.61	60.31	.001	60.31	.05
OB VISITS/COMPRE PERI	9	17	1,319.65	77.63	.007	146.63	.56
OTHER OUTPATIENT	10	11	363.32	33.03	.005	36.33	.16
INPATIENT VISITS	35	130	7,959.21	61.22	.056	227.41	3.41
HOSPITAL VISITS	32	116	5,883.51	50.72	.050	183.86	2.52
CRITICAL CARE	3	10	1,983.00	198.30	.004	661.00	.85
SNF/ICF/TRANS IP CARE	3	4	92.70	23.18	.002	30.90	.04
	6	6			.003		
OPHTHALMOLOGICAL SERVICES			268.31	44.72		44.72	.11
EXAMINATIONS	6	6	268.31	44.72	.003	44.72	.11
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	26	198	18,918.94	95.55	.085	727.65	8.10
PRINCIPAL SURGEON	17	24	13,484.93	561.87	.010	793.23	5.77
ASSISTANT SURGEON	3	3	893.10	297.70	.001	297.70	.38
ANESTHESIOLOGIST	15	171	4,540.91	26.56	.073	302.73	1.94
OUTPATIENT SURGERY	42	92	5,608.82	60.97	.039	133.54	2.40
PRINCIPAL SURGEON	38	58	4,765.08	82.16	.025	125.40	2.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	34	843.74	24.82	.015	84.37	.36
DIALYSIS	2	2	854.12	427.06	.001	427.06	.37
PATHOLOGY	52	92	2,447.14	26.60	.039	47.06	1.05
RADIOLOGY	92	137	4,666.25	34.06	.059	50.72	2.00
	0	0	.00		.000	.00	.00
PSYCHIATRY	17			.00			
IMMUNIZATION AND INJECTION		33	1,615.59	48.96	.014	95.03	.69
OTHER SERVICES/ALL X-OVERS	66	150	4,254.54	28.36	.064	64.46	1.82
@PHARMACY	438	1,810 \$		\$ 33.43	.774 \$		
PRESCRIPTION DRUGS	431	989	56,922.16	57.56	.423	132.07	24.36
SNF/ICF	26	138	15,056.19	109.10	.059	579.08	6.44
OUTPATIENTS	407	851	41,865.97	49.20	.364	102.86	17.91
MEDICAL SUPPLIES	19	821	3,577.39	4.36	.351	188.28	1.53
@DENTIST	123	493 \$	14,780.50	\$ 29.98	.211 \$	120.17	\$ 6.32
VISITS - DIAGNOSTIC	95	327	5,804.50	17.75	.140	61.10	2.48
ORAL SURGERY	16	35	2,158.00	61.66	.015	134.88	.92
DRUGS	9	10	200.00	20.00	.004	22.22	.09
ANESTHESIA	3	3	300.00	100.00	.001	100.00	.13
PERIODONTICS	2	3	55.00	18.33	.001	27.50	.02
	5	8		118.25			
ENDODONTICS	5 37		946.00	110.23	.003	189.20	.40
RESTORATIVE DENTISTRY	- ·	103	5,112.00	49.63	.044	138.16	2.19
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	2	120.00	60.00	.001	60.00	.05

MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00		.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.000	35.00		.01
ALL OTHER SERVICES	1	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU D	EC 2002	PAGE	8,746
MOP024	FEE-FOR-SERVICE/DENTA	L					01/	17/03
NEVADA COUNTY	SUMMARY OF SERVICES F	OR 59 ALL MEI	DICALLY INDIGENT					

NEVADA COUNTI	SOMMANT OF SER	WICES FOR 33 ALL	HIDI	CABBI INDIGENI			M	דוזר	THLY AVERA	CF	
2,337 ELIGIBLES	USERS	UNITS OF SERVICE	c	EXPENDITURES	7/ 7/7	ERAGE COST	UNITS/DAY:		COST PER	.GE	COST PER
2,337 E11915155	ODENO	OR DAYS OF CAR		EXFENDITORES		R UNIT/DAY	PER ELIG)	USER		ELIGIBLE
@OPTOMETRIST	22	50	\$	1,330.17	\$	26.60	.021	Ś	60.46	Ġ	.57
DIAGNOSTIC AND ANC. PROCED	19	19	۲	901.49	Y	47.45	.008	Y	47.45	Y	.39
EYE APPLIANCES	11	31		428.68		13.83	.013		38.97		.18
OTHER OPTOMETRIC SERVICES	U	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	16	28	\$	404.80	\$	14.46	.012	Ċ		Ś	.17
VISITS	15	23	Y	384.56	Ÿ	16.72	.012	Y	25.64	Ÿ	.16
OTHER SERVICES	1	23		20.24		4.05	.002		20.24		.01
@PODIATRIST		5	\$.00	\$.00	.002	Ċ	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	۲		Ą	.00	.000	٧		ې	.00
	0	0		.00					.00		
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1.6	0 060	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@HOME HEALTH AGENCY	16	2,269	Ş	54,022.67	۶	23.81	–	\$	3376.42	\$	23.12
NURSE ANESTHESIST	Ü	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
FAMILY NURSE PRACTITIONER	5	6	Ş	159.56	Ş	26.59	.003	Ş	31.91	Ş	.07
@TOTAL HOSPITAL	260	1,407	\$	154,200.31	\$	109.60	.602	\$	593.08	Ş	65.98
HOSP INPATIENT TOTAL	32	98		119,281.74		1217.16	.042		3727.55		51.04
HSC HOSPITALS	12	45		55,145.05		1225.45	.019		4595.42		23.60
NON-HSC HOSPITAL TOTAL	20	53		64,136.69		1210.13	.023		3206.83		27.44
ACCOMMODATIONS	20	53		14,292.58		269.67	.023		714.63		6.12

TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	53	14,292.58	269.67	.023	714.63	6.12
ANCILLARIES	20	0	49,844.11	.00	.000	2492.21	21.33
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	235	1,309	34,918.57	26.68	.560	148.59	14.94
MEDICAL	34	44	1,689.59	38.40	.019	49.69	.72
SURGERY	33	39	1,012.02	25.95	.017	30.67	.43
PATHOLOGY	102	378	5,273.78	13.95	.162	51.70	2.26
RADIOLOGY	63	104	5,621.76	54.06	.045	89.23	2.41
ROOM USE	183	294	11,158.02	37.95	.126	60.97	4.77
							4.77
CROSSOVERS/ALL OTH OUTPINT	122	450 1 \$	10,163.40	22.59	.193	83.31	
@COUNTY HOSPITAL TOTAL		•	33.42	\$ 33.42	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	Ü	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	33.42	33.42	.000	33.42	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
		*					
RADTOLOGY	()	()	_ ()()	_ ()()	_ ()()()	. ()()	_ ()()
RADIOLOGY ROOM USE	0 1	0	.00 33 42	.00 33 42	.000	.00 33 42	.00
ROOM USE	0 1 0	1	33.42	33.42	.000	33.42	.01
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 1 0	U 1 0 ES AND EVDENDITIBES MO	33.42 .00	33.42 .00	.000	33.42	.01
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MO	33.42 .00	33.42 .00	.000	33.42	.01 .00 PAGE 8,747
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MO DENTAL	33.42 .00 NTH-OF-PAYMENT RE	33.42 .00	.000	33.42	.01
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MO	33.42 .00 NTH-OF-PAYMENT RE	33.42 .00	.000 .000 2002 THRU DE	33.42 .00 C 2002	.01 .00 PAGE 8,747 01/17/03
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MO /DENTAL ICES FOR 59 ALL MEDIC.	33.42 .00 NTH-OF-PAYMENT RE	33.42 .00 EPORT FOR JAN 2	.000 .000 2002 THRU DE	33.42 .00 C 2002	.01 .00 PAGE 8,747 01/17/03
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MO /DENTAL ICES FOR 59 ALL MEDIC. UNITS OF SERVICE	33.42 .00 NTH-OF-PAYMENT RE	33.42 .00 EPORT FOR JAN 2	.000 .000 2002 THRU DEC	33.42 .00 C 2002 THLY AVERA COST PER	.01 .00 PAGE 8,747 01/17/03 GE COST PER
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,337 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MODENTAL ICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE	33.42 .00 NTH-OF-PAYMENT RE ALLY INDIGENT EXPENDITURES	33.42 .00 EPORT FOR JAN 2 AVERAGE COST PER UNIT/DAY	.000 .000 2002 THRU DEC MON' UNITS/DAYS PER ELIG	33.42 .00 C 2002 IHLY AVERA COST PER USER	.01 .00 PAGE 8,747 01/17/03 GE COST PER ELIGIBLE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,337 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MODENTAL ICES FOR 59 ALL MEDICAL UNITS OF SERVICE OR DAYS OF CARE 1,406 \$	33.42 .00 NTH-OF-PAYMENT RE ALLY INDIGENT EXPENDITURES 154,166.89	33.42 .00 EPORT FOR JAN 2 AVERAGE COST PER UNIT/DAY \$ 109.65	.000 .000 2002 THRU DEC MON' UNITS/DAYS PER ELIG .602 \$	33.42 .00 C 2002 IHLY AVERA COST PER USER 595.24	.01 .00 PAGE 8,747 01/17/03 GE COST PER ELIGIBLE \$ 65.97
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,337 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 259 32	ES AND EXPENDITURES MODENTAL ICES FOR 59 ALL MEDICA UNITS OF SERVICE OR DAYS OF CARE 1,406 \$ 98	33.42 .00 NTH-OF-PAYMENT RE ALLY INDIGENT EXPENDITURES 154,166.89 119,281.74	33.42 .00 EPORT FOR JAN 2 AVERAGE COST PER UNIT/DAY \$ 109.65	.000 .000 2002 THRU DEC MON' UNITS/DAYS PER ELIG .602 \$	33.42 .00 C 2002 IHLY AVERA COST PER USER 595.24 3727.55	.01 .00 PAGE 8,747 01/17/03 GE COST PER ELIGIBLE \$ 65.97 51.04
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,337 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 259 32 12	ES AND EXPENDITURES MO/DENTAL ICES FOR 59 ALL MEDIC. UNITS OF SERVICE OR DAYS OF CARE 1,406 \$ 98 45	33.42 .00 NTH-OF-PAYMENT RE ALLY INDIGENT EXPENDITURES 154,166.89 119,281.74 55,145.05	33.42 .00 EPORT FOR JAN 2 AVERAGE COST PER UNIT/DAY \$ 109.65 1217.16 1225.45	.000 .000 2002 THRU DEC MON' UNITS/DAYS PER ELIG .602 \$.042 .019	33.42 .00 C 2002 IHLY AVERA COST PER USER 595.24 3727.55 4595.42	.01 .00 PAGE 8,747 01/17/03 GE COST PER ELIGIBLE \$ 65.97 51.04 23.60
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ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,337 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 259 32 12 20 20 0 0 20 20 0 20 20 20 31 34 34 33 102 63	ES AND EXPENDITURES MODENTAL ICES FOR 59 ALL MEDICAL UNITS OF SERVICE OR DAYS OF CARE 1,406 \$ 98 45 53 53 0 0 1,308 44 39 378 104	33.42 .00 NTH-OF-PAYMENT RE ALLY INDIGENT EXPENDITURES 154,166.89 119,281.74 55,145.05 64,136.69 14,292.58 .00 .00 14,292.58 49,844.11 .00 .00 34,885.15 1,689.59 1,012.02 5,273.78 5,621.76	33.42 .00 EPORT FOR JAN 2 AVERAGE COST PER UNIT/DAY \$ 109.65 1217.16 1225.45 1210.13 269.67 .00 .00 269.67 .00 .00 269.67 38.40 25.95 13.95 54.06	.000 .000 .000 .0002 THRU DEG .002 THRU DEG .002 .002 .002 .019 .023 .000 .000 .000 .000 .000 .000 .000	33.42 .00 C 2002 IHLY AVERA COST PER USER 595.24 3727.55 4595.42 3206.83 714.63 .00 .00 714.63 2492.21 .00 .00 149.08 49.69 30.67 51.70 89.23	.01 .00 PAGE 8,747 01/17/03 GE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,337 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 259 32 12 20 20 0 0 0 20 20 20 20 20 20 60 20 20 60 10 234 34 33 102 63 182	ES AND EXPENDITURES MODENTAL ICES FOR 59 ALL MEDICAL UNITS OF SERVICE OR DAYS OF CARE 1,406 \$ 98 45 53 53 0 0 1,308 44 39 378 104 293	33.42 .00 NTH-OF-PAYMENT RE ALLY INDIGENT EXPENDITURES 154,166.89 119,281.74 55,145.05 64,136.69 14,292.58 .00 .00 14,292.58 49,844.11 .00 .00 34,885.15 1,689.59 1,012.02 5,273.78 5,621.76 11,124.60	33.42 .00 EPORT FOR JAN 2 AVERAGE COST PER UNIT/DAY \$ 109.65 1217.16 1225.45 1210.13 269.67 .00 .00 269.67 .00 .00 269.67 38.40 25.95 13.95 54.06 37.97	.000 .000 .000 .0002 THRU DEG .0002 THRU DEG .001 .001 .002 .019 .023 .000 .000 .000 .000 .000 .000 .000	33.42 .00 C 2002 IHLY AVERA COST PER USER 595.24 3727.55 4595.42 3206.83 714.63 .00 .00 714.63 2492.21 .00 .00 149.08 49.69 30.67 51.70 89.23 61.12	.01 .00 PAGE 8,747 01/17/03 GE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 2,337 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 259 32 12 20 20 0 0 20 20 0 20 20 20 31 34 34 33 102 63	ES AND EXPENDITURES MODENTAL ICES FOR 59 ALL MEDICAL UNITS OF SERVICE OR DAYS OF CARE 1,406 \$ 98 45 53 53 0 0 1,308 44 39 378 104	33.42 .00 NTH-OF-PAYMENT RE ALLY INDIGENT EXPENDITURES 154,166.89 119,281.74 55,145.05 64,136.69 14,292.58 .00 .00 14,292.58 49,844.11 .00 .00 34,885.15 1,689.59 1,012.02 5,273.78 5,621.76	33.42 .00 EPORT FOR JAN 2 AVERAGE COST PER UNIT/DAY \$ 109.65 1217.16 1225.45 1210.13 269.67 .00 .00 269.67 .00 .00 269.67 38.40 25.95 13.95 54.06	.000 .000 .000 .0002 THRU DEG .002 THRU DEG .002 .002 .002 .019 .023 .000 .000 .000 .000 .000 .000 .000	33.42 .00 C 2002 IHLY AVERA COST PER USER 595.24 3727.55 4595.42 3206.83 714.63 .00 .00 714.63 2492.21 .00 .00 149.08 49.69 30.67 51.70 89.23	.01 .00 PAGE 8,747 01/17/03 GE

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

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MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	17	525	\$	56,093.21	\$	106.84	.225	\$	3299.60	\$	24.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	17	525		56,093.21		106.84	.225		3299.60		24.00
@INTERMEDIATE CARE FACILDD	11	356	\$	52,748.52	\$	148.17	.152	\$	4795.32	\$	22.57
ICF DDH	11	356		52,748.52		148.17	.152		4795.32		22.57
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	2	\$	3,674.12	\$	1837.06	.001	\$	3674.12	\$	1.57
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	2		3,674.12		1837.06	.001		3674.12		1.57
@REHABILITATION FACILITY	7	24	\$	341.19	\$	14.22	.010	\$	48.74	\$.15
HOSPITAL BASED	2	2		64.00		32.00	.001		32.00		.03
INDEPENDENT FACILITY	5	22		277.19		12.60	.009		55.44		.12
@LABORATORY FACILITY	58	145	\$	2,604.22	\$	17.96	.062	\$	44.90	\$	1.11
PATHOLOGY	58	145		2,604.22		17.96	.062		44.90		1.11
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	73	196	\$	14,391.28	\$	73.42	.084	\$	197.14	\$	6.16
CLINIC	37	128		3,207.53		25.06	.055		86.69		1.37
SURGICENTER	1	2		31.82		15.91	.001		31.82		.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	38	66		11,151.93		168.97	.028		293.47		4.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES I	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2002 THRU	DEC	2002	PI	AGE 8,748
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE 2,337 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 19.843 \$ 374.77 \$ @ALL OTHER PROVIDERS 154 46,372 57,714.23 1.24 24.70 340.48 1560.53 DURABLE MED. EQUIP. 12 55 18,726.30 .024 8.01 BLOOD BANK Ω 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 HEARING AID DISPENSERS .00 MEDICAL TRANSPORTATION 14 318 2,979.39 9.37 .136 212.81 1.27 AMBULANCES/AIR TRANS 14 318 2,979.39 9.37 .136 212.81 1.27 OTHER TRANS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 790.00 98.75 .003 98.75 .34 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00 .00 OCCUPATIONAL THERAPIST .000 15 31 282.40 9.11 18.83 OPTICIAN .013 .12 .00 .00 PHYSICAL THERAPIST .00 .000 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 13 .69 PROSTHETIST/ORTHOTISTS 1,610.30 123.87 .006 402.58 PROSTHETICS 13 1,610.30 123.87 .006 402.58 .69 .00 0 .00 .00 .00 ORTHOTICS .000 0 .00 .00 .000 .00 .00 PSYCHOLOGIST 152.44 SPEECH AND AUDIOLOGY 10 1,524.41 .004 254.07 .65 .000 HOSPICE SERVICES 0 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00

SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

NEVADA COUNTY

LOCAL EDUCATION AGENCIES	64	4,921	22,964.32	4.67	2.106	358.82	9.83
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	41,016	8,837.11	.22	17.551	245.48	3.78
@CALIF. CHILDREN SERVICES*	59	1,586	\$ 95,623.02	\$ 60.29	.679	\$ 1620.73	\$ 40.92
@XOVER EXCLUDING STATE HOSP**	3	6	\$ 53.10	\$ 8.85	.003	\$ 17.70	\$.02

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,749 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SER	VICES FOR	60 RENA	L DIAL	YSIS	AID CO			
							MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF	SERVICE]	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE]		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00	.00
ORAL SURGERY	0		0		.00	.00	.000	.00	.00
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00

PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	ES MON	NTH-OF-PAYMENT R	REPORT	FOR JAN 2	2002 THRU DE	EC 2002	PI	AGE 8,750
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/17/03
NEVADA COUNTY	SUMMARY OF SERV	JICES FOR 60 RENA	L DIAI	LYSIS		AID COI	ES			
							MON	ITHLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00

GHOME HEALTH AGENCY	U	U Ş	.00 \$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0 \$.00 \$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0 \$.00 \$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00 \$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00 \$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
" ~							D3 CD C 7 C1
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MONT	TH-OF-PAYMENT RE	PORT FOR JAN 2	:002 THRU DE	C 2002	PAGE 8,751
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES FEE-FOR-SERVICE/D		TH-OF-PAYMENT RE	POR'I' F'OR JAN 2	:002 THRU DE	IC 2002	01/17/03
		ENTAL		PORT FOR JAN 2 AID COD		IC 2002	•
MOP024	FEE-FOR-SERVICE/D	ENTAL			DES	C 2002 THLY AVERA	01/17/03 GE
MOP024	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 60 RENAL DIALY NITS OF SERVICE		AID COD	DES	ITHLY AVERA	01/17/03
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 60 RENAL DIALY	YSIS	AID COD AVERAGE COST PER UNIT/DAY	DES MON UNITS/DAYS PER ELIG	ITHLY AVERAGE COST PERUSER	01/17/03 GE COST PER ELIGIBLE
MOP024 NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 60 RENAL DIALY NITS OF SERVICE	YSIS EXPENDITURES .00	AID COD AVERAGE COST PER UNIT/DAY \$.00	DES MON UNITS/DAYS PER ELIG .000 \$	THLY AVERAGE COST PER USER .00	01/17/03 GE COST PER ELIGIBLE \$.00
MOP024 NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 60 RENAL DIALY NITS OF SERVICE	YSIS EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	DES MON UNITS/DAYS PER ELIG .000 \$	THLY AVERAGE COST PER USER .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00
MOP024 NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 60 RENAL DIALY NITS OF SERVICE	YSIS EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000 .000	THLY AVERAGE OST PER USER 00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
MOP024 NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 60 RENAL DIALY NITS OF SERVICE	YSIS EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	DES MON UNITS/DAYS PER ELIG .000 \$	THLY AVERAGE OST PER USER OST 00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
MOP024 NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 60 RENAL DIALY NITS OF SERVICE	YSIS EXPENDITURES .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	THLY AVERAGE OF THE USER OF TH	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
MOP024 NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 60 RENAL DIALY NITS OF SERVICE	YSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AID COD AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	THLY AVERAGE OF THE COST PER USER OF COOL OF COOL OF COOL OO C	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
MOP024 NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 60 RENAL DIALY NITS OF SERVICE	YSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AID COD AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	THLY AVERAGE OF THE COST PER USER OF COOL OF COOL OF COOL OO C	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
MOP024 NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE/D SUMMARY OF SERVICE USERS U	ENTAL ES FOR 60 RENAL DIALY NITS OF SERVICE	YSIS EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AID COD AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	THLY AVERAGE OF THE COST PER USER OF COOL OF COOL OF COOL OO C	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00

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INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

MEDICAL

SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
	0	· · · · · · · · · · · · · · · · · · ·					.00	
ROOM USE	0	0	.00	.00	.000	.00		
CROSSOVERS/ALL OTH OUTPTNI	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0 \$		\$.00	.000 \$.00	\$.00	
-	0	0			·		•	
LEV A-INTERMEDIATE	U	•	.00	.00	.000	.00	.00	
LEV B-REHAB MD	Ü	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	9	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
	0	0 \$.00	\$.00	
@INTERMEDIATE CARE FACILDD	0						•	
ICF DDH	Ü	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
	0	0						
HEMODIALYSIS CENTER	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	Ü	0 \$.00	\$.00	.000 \$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	
	0							
@ORGANIZED OUTPATIENT CLINIC	U	0 \$		\$.00	.000 \$.00	\$.00	
CLINIC	0	0	.00	.00	.000	.00	.00	
SURGICENTER	0	0	.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI_CNI CERVIC	ES AND EXPENDITURES					PAGE 8,752	
			MONIH-OF-PAIMENT R	REPORT FOR JAN	I ZUUZ IRKU DE	2002		
MOP024	FEE-FOR-SERVICE						01/17/03	
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 60 RENAL	DIALYSIS	AID C	CODES			
					MON'	THLY AVERAG	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00	
	0	0	.00	.00	.000	.00		
DURABLE MED. EQUIP.							.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	Ö	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
	0	0						
PHYSICAL THERAPIST	U	Ü	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,753
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 61	TOTAL	PARE	NTERAL NUTRITION		AID COD	ES			
								MO			
00 ELIGIBLES	USERS	UNITS OF SE			EXPENDITURES			UNITS/DAYS	C C	OST PER	COST PER
		OR DAYS OF	CARE			PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000		.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00	.00
OFFICE VISITS	0		0		.00		.00	.000		.00	.00
HOME VISITS	0		0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00	.00
INPATIENT VISITS	0		0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00	.00
CRITICAL CARE	0		0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00
EXAMINATIONS	0		0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
DIALYSIS	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		0		.00		.00	.000		.00	.00
RADIOLOGY	0		0		.00		.00	.000		.00	.00
PSYCHIATRY	0		0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00	.00
@ PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00	.00
SNF/ICF	0		0		.00		.00	.000		.00	.00
OUTPATIENTS	0		0		.00		.00	.000		.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0		.00		.00	.000	. (0	.00
@DENTIST	0	0	\$.00	\$.	.00	.000	\$.0	0 5	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	. (0	.00
ORAL SURGERY	0	0		.00		.00	.000	. (0	.00
DRUGS	0	0		.00		.00	.000	. (0	.00
ANESTHESIA	0	0		.00		.00	.000	. (0	.00
PERIODONTICS	0	0		.00		.00	.000	. (0	.00
ENDODONTICS	0	0		.00		.00	.000	. (0	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	. (0	.00
PROSTHETICS	0	0		.00		.00	.000	. (0	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	. (0	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	. (0	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	. (0	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	. (0	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	. (0	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	. (0	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUE	RES MONTH-OF-	PAYMENT RE	PORT FOR	JAN 2002	THRU	DEC 2002		PAGE 8,754
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	61 TOTA	AL PARENTERAL	NUTRITION	I Al	ID CODES				

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 Ś .00 Ś .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 EYE APPLIANCES 0 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 .00 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .000 \$.00 \$.00 @PODIATRIST Ω .00 .00 .00 MEDICINE/INJECTIONS .000 .00 0 SURGERY/ANES. .00 .00 .000 .00 .00 0 .000 RADIO./PATHOLOGY .00 .00 .00 .00 0 .00 OTHER .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 .00 \$.00 .00 0 .00 \$.00 .000 \$.00 NURSE ANESTHESIST \$.00 .000 .00 NURSE MIDWIFE .00 .00 PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 .00 \$.00 .000 FAMILY NURSE PRACTITIONER .00 .00 .00 .00 @TOTAL HOSPITAL .00 .00 .000 .00 \$.00 HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .000 ALL OTHER ACCOM .00 .00 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL .000 .00 .00 .00 MEDICAL .00 .000 .00 .00 .000 .00 .00 SURGERY PATHOLOGY 0 .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 8,755
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	R 61 TOTAL	PARENTERAL NUTRITION	AID CO	DES		
					MONTH	ILY AVERAGE	3
					,		

00							COCH DED	-
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
0.000,000,000,000,000	Ō	OR DAYS OF CARE		0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	т	.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
101 22	9	O		• 0 0	• 0 0	• 0 0 0	• 0 0	• 0 0

ICF DDN/DDCN	0		0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0 \$		Ś	.00	.000	Ś	.00	Ċ	.00
•	0		0		Ą			Ş		ş	
HOSPITAL BASED	0		0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	U		0	.00		.00	.000	_	.00	_	.00
@REHABILITATION FACILITY	0		0 \$	• • • •	Ş	.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0		0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0 \$		\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0	.00		.00	.000		.00		.00
XO AND OTHERS	0		0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0	.00		.00	.000		.00		.00
SURGICENTER	0		0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPEND	ITURES	S MONTH-OF-PAYMENT RE	EPORT FO	OR JAN	2002 THRU	DEC 200	2	PAGE	8,756
MOP024	FEE-FOR-SERVICE/DE	NTAL								01	/17/03
NEVADA COUNTY	SUMMARY OF SERVICE	S FOR 61	TOTAL	PARENTERAL NUTRITION	N	AID CO	DES				
							M	YTHTNC	AVERA	GE	
00 ELIGIBLES	USERS UN	ITS OF SEF	RVICE	EXPENDITURES	AVERAG	E COST	UNITS/DAY	S COST	PER	COST	PER
	0	R DAYS OF	CARE		PER UN	IIT/DAY	PER ELIG	US	ER	ELIG	SIBLE
@ALL OTHER PROVIDERS	0		0 \$.00	Ś	.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.											
BLOOD BANK	0		0	.00	7	.00	.000	'	.00		.00
BLOOD BANK	0		0	.00	т			'	.00		.00
HEARING AID DISPENSERS	0 0 0		0 0 0		7	.00	.000	,			
	0 0 0 0		0 0 0	.00	Ť	.00	.000	'	.00		.00
HEARING AID DISPENSERS	0 0 0 0		0 0 0 0	.00	7	.00	.000 .000	•	.00		.00
HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	0 0 0 0 0		0 0 0 0 0	.00 .00 .00	*	.00 .00 .00	.000 .000 .000 .000		.00		.00
HEARING AID DISPENSERS MEDICAL TRANSPORTATION	0 0 0 0 0 0		0 0 0 0 0 0	.00 .00 .00	*	.00 .00 .00	.000 .000 .000 .000		.00		.00
HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	0 0 0 0 0 0		0 0 0 0 0 0 0	.00 .00 .00 .00 .00	Ť	.00	.000 .000 .000 .000 .000		.00 .00 .00 .00		.00 .00 .00 .00
HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	0 0 0 0 0 0 0		0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	Ť	.00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000		.00 .00 .00 .00		.00 .00 .00 .00 .00
HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	0 0 0 0 0 0 0		0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00	*	.00	.000 .000 .000 .000 .000		.00 .00 .00 .00		.00 .00 .00 .00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,757 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 NEVADA COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS

AID CODES 51 52 56

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 0 \$.00 .00 .000 \$.00 \$.00 \$.00 .00 .000 .00 OUTPATIENT VISITS .00 0 .00 .00 OFFICE VISITS .00 .000 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .00 EMERGENCY ROOM .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .000 OB VISITS/COMPRE PERI .00 .00 .00 .00 OTHER OUTPATIENT .00 .00 .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 PRINCIPAL SURGEON .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .000 .00 .00 DIALYSIS PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 **PSYCHIATRY** .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 8,758
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

NEVADA COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @OPTOMETRIST 0 0 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 .00 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .000 \$.00 \$.00 @PODIATRIST .00 .00 MEDICINE/INJECTIONS .00 .000 .00 SURGERY/ANES. .00 .00 .000 .00 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$.00 NURSE ANESTHESIST .00 .00 .000 .00 Ś .00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 @TOTAL HOSPITAL .00 .00 .000 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .000 .00 .00 ALL OTHER ACCOM .000 ANCILLARIES .00 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-O	F-PAYMENT REPO	ORT FOR JAN 2	002 THRU DEC	2002	PAGE 8,759
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	62 IRCA	ALIENS	AID	CODES 51 52	56		
						MONT	HLY AVERAG	E

				MONT	HLY AVERA	GE	•
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	(
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	j
0	0	\$.00	\$.00	.000 \$.00	\$.00	J
0	0	.00	.00	.000	.00	.00	J
0	0	.00	.00	.000	.00	.00)
0	0	.00	.00	.000	.00	.00	J
0	0	.00	.00	.000	.00	.00)
0	0	.00	.00	.000	.00	.00)
0	0	.00	.00	.000	.00	.00)
0	0	.00	.00	.000	.00	.00	J
0	0	.00	.00	.000	.00	.00)
0	0	.00	.00	.000	.00	.00)
0	0	.00	.00	.000	.00	.00)
0	0	.00	.00	.000	.00	.00)
0	0	.00	.00	.000	.00	.00	J
0	0	.00	.00	.000	.00	.00)
0	0	.00	.00	.000	.00	.00)
0	0	.00	.00	.000	.00	.00	J
0	0	.00	.00	.000	.00	.00	J
0	0	.00	.00	.000	.00	.00	J
0	0	\$.00	\$.00	.000 \$.00	\$.00)
0	0	.00	.00	.000	.00	.00	J
0	0	.00	.00	.000	.00	.00	J
0	0	\$.00	\$.00	.000 \$.00	\$.00)
0	0	.00	.00	.000	.00	.00	j
0	0	.00	.00	.000	.00	.00	j
0	0	.00	.00	.000	.00	.00	j
	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE O	OR DAYS OF CARE 0	OR DAYS OF CARE O \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .	USERS	USERS	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 \$.00 \$.00 .000 \$.00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 0 </td

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-	-OF-PAYMENT RE	EPORT	FOR JAN 200	2 THRU	DEC :	2002	PAGE	8 , 760
MOP024	FEE-FOR-SERVICE/DENTAL									01	./17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	62 IRC	A ALIENS	AI	D COL	DES 51 52 56					
							M	IONTH:	LY AVERA	GE	

						MONT	THLY AVERAGE	·
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	\$.00	\$.00	.000 \$.00	.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	5	.00	\$.00	.000 \$.00	.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,761 FEE-FOR-SERVICE/DENTAL MOP024

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F NEVADA COUNTY

			 		MC	NTHLY AVERA	GE
317 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	114	912	\$ 81 , 805.79	\$ 89.70	2.877	\$ 717.59	\$ 258.06
@PHYSICIANS SERVICES	54	220	\$ 11,339.69	\$ 51.54	.694	\$ 209.99	\$ 35.77
OUTPATIENT VISITS	33	55	2,682.76	48.78	.174	81.30	8.46
OFFICE VISITS	18	33	926.22	28.07	.104	51.46	2.92
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	13	751.41	57.80	.041	75.14	2.37
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	9	1,005.13	111.68	.028	125.64	3.17
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	8	23	1,028.22	44.71	.073	128.53	3.24
HOSPITAL VISITS	8	23	1,028.22	44.71	.073	128.53	3.24
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.003	46.44	.15
EXAMINATIONS	1	1	46.44	46.44	.003	46.44	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	58	5,681.52	97.96	.183	811.65	17.92
PRINCIPAL SURGEON	4	4	4,608.95	1152.24	.013	1152.24	14.54
ASSISTANT SURGEON	1	1	186.50	186.50	.003	186.50	.59
ANESTHESIOLOGIST	4	53	886.07	16.72	.167	221.52	2.80
OUTPATIENT SURGERY	9	25	734.29	29.37	.079	81.59	2.32
PRINCIPAL SURGEON	7	8	423.59	52.95	.025	60.51	1.34

ASSISTANT SURGEON	0	0	.00		.00	.000	.00		.00
ANESTHESIOLOGIST	2	17	310.70		18.28	.054	155.35		.98
DIALYSIS	0	0	.00		.00	.000	.00		.00
PATHOLOGY	18	34	392.89		11.56	.107	21.83		1.24
RADIOLOGY	10	17	332.97		19.59	.054	33.30		1.05
PSYCHIATRY	0	0	.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	5	7	440.60		62.94	.022	88.12		1.39
@PHARMACY	28	52 \$	6,388.29	\$	122.85	.164	\$ 228.15	\$	20.15
PRESCRIPTION DRUGS	28	52	6,388.29		122.85	.164	228.15	;	20.15
SNF/ICF	0	0	.00		.00	.000	.00		.00
OUTPATIENTS	28	52	6,388.29		122.85	.164	228.15	;	20.15
MEDICAL SUPPLIES	0	0	.00		.00	.000	.00		.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000	.00		.00
ORAL SURGERY	0	0	.00		.00	.000	.00		.00
DRUGS	0	0	.00		.00	.000	.00		.00
ANESTHESIA	0	0	.00		.00	.000	.00		.00
PERIODONTICS	0	0	.00		.00	.000	.00		.00
ENDODONTICS	0	0	.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	PAGE	8 , 762

01/17/03

NEVADA COONII	DOMMANT OF DER	VICED FOR 0.	J 111 / 111	, Whith	WIIIOOI DID A	ID CC	DE 55 50 .					
								M	ГИО	HLY AVERA	GE.	
317 ELIGIBLES	USERS	UNITS OF SE	ERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS O	F CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4		5	\$	187.16	\$	37.43	.016	\$	46.79	\$.59
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	75	Į	592	\$	62,953.56	\$	106.34	1.868	\$	839.38	\$	198.59
HOSP INPATIENT TOTAL	15		57		54,681.91		959.33	.180		3645.46		172.50
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	15		57		54,681.91		959.33	.180		3645.46		172.50
ACCOMMODATIONS	15		57		15,227.59		267.15	.180		1015.17		48.04

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

FEE-FOR-SERVICE/DENTAL

MOP024

NEVADA COUNTY

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	15	57		15,227.59	267.15	.180	1015.17		48.04
ANCILLARIES	15	0		39,454.32	.00	.000	2630.29		124.46
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	65	535		8,271.65	15.46	1.688	127.26		26.09
MEDICAL	4	4		95.24	23.81	.013	23.81		.30
SURGERY	4	4		94.80	23.70	.013	23.70		.30
PATHOLOGY	34	139		1,781.31	12.82	.438	52.39		5.62
RADIOLOGY	16	33		2,600.82	78.81	.104	162.55		8.20
ROOM USE	29	67		1,826.30	27.26	.211	62.98		5.76
CROSSOVERS/ALL OTH OUTPTNT	25	288		1,873.18	6.50	.909	74.93		5.91
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITUR	RES MONT	H-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DI	EC 2002	PAG	GE 8,763
MOP024	FEE-FOR-SERVICE/DEN	TAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES	FOR 63 MI/M	IN ALIEN	WITHOUT SIS A	ID CODE 55 58	5F			
						MON	ITHLY AVERA	GE	
317 ELIGIBLES	USERS UNI	TS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	OST PER
	OR	DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ΕI	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	75	592	\$	62,953.56	\$ 106.34	1.868	839.38	\$	198.59

CCOMMUNITY HOSPITAL TOTAL 75 592 \$ 62,953.56 \$ 106.34 1.868 \$ 839.38 \$ 198.55 COMM HOSP INPATIENT TOTAL 15 57 54,681.91 959.33 .180 3645.46 172.50 HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 15 57 54,681.91 959.33 .180 3645.46 172.50 ACCOMMODATIONS 15 57 15,227.59 267.15 .180 1015.17 48.00 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 ALL OTHER ACCOM 15 57 15,227.59 267.15 .180 1015.17 48.00 ANCILLARIES 15 0 39,454.32 .00 .00 .00 .00 ALL OTHER ACCOM 15 57 15,227.59 267.15 .180 1015.17 48.00 INPATIENT CROSSOVERS 0						140	MILLE TARIVE	TG E	
@COMMUNITY HOSPITAL TOTAL 75 592 \$ 62,953.56 \$ 106.34 1.868 \$ 839.38 \$ 198.55 COMM HOSP INPATIENT TOTAL 15 57 54,681.91 959.33 .180 3645.46 172.56 HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 15 57 54,681.91 959.33 .180 3645.46 172.56 ACCOMMODATIONS 15 57 15,227.59 267.15 .180 1015.17 48.04 ADMINISTRATIVE DAYS 0 0 .00	317 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
COMM HOSP INPATIENT TOTAL 15 57 54,681.91 959.33 .180 3645.46 172.50 HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
HSC HOSPITALS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@COMMUNITY HOSPITAL TOTAL	75	592	\$ 62,953.56	\$ 106.34	1.868	\$ 839.38	\$	198.59
NON-HSC HOSPITALS TOTAL 15 57 54,681.91 959.33 .180 3645.46 172.50 ACCOMMODATIONS 15 57 15,227.59 267.15 .180 1015.17 48.04 ADMINISTRATIVE DAYS 0 0 .0	COMM HOSP INPATIENT TOTAL	15	57	54,681.91	959.33	.180	3645.46		172.50
ACCOMMODATIONS 15 57 15,227.59 267.15 .180 1015.17 48.04 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	15	57	54,681.91	959.33	.180	3645.46		172.50
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 15 57 15,227.59 267.15 .180 1015.17 48.04 ANCILLARIES 15 0 39,454.32 .00 .000 2630.29 124.46 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ACCOMMODATIONS	15	57	15,227.59	267.15	.180	1015.17		48.04
ALL OTHER ACCOM 15 57 15,227.59 267.15 .180 1015.17 48.04 ANCILLARIES 15 0 39,454.32 .00 .000 2630.29 124.46 INPATIENT CROSSOVERS 0 0 0 .00 .000 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 .00 .000 .000 .000 .000 COMM HOSP OUTPATIENT TOTAL 65 535 8,271.65 15.46 1.688 127.26 26.09 MEDICAL 4 4 95.24 23.81 .013 23.81 .30 SURGERY 4 4 94.80 23.70 .013 23.70 .30 PATHOLOGY 34 139 1,781.31 12.82 .438 52.39 5.62 RADIOLOGY 16 33 2,600.82 78.81 .104 162.55 8.20 ROOM USE 29 67 1,826.30 27.26 .211 62.98 5.76 CROSSOVERS/ALL OTH OUTPINT 25 288 1,873.18 6.50 .909 74.93 5.93	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
ANCILLARIES 15 0 39,454.32 .00 .000 2630.29 124.46 INPATIENT CROSSOVERS 0 0 0 .00 .00 .000 .000 .00 .000 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .000 .00 .00 .000	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00 COMM HOSP OUTPATIENT TOTAL 65 535 8,271.65 15.46 1.688 127.26 26.09 MEDICAL 4 4 95.24 23.81 .013 23.81 .30 SURGERY 4 4 94.80 23.70 .013 23.70 .30 PATHOLOGY 34 139 1,781.31 12.82 .438 52.39 5.62 RADIOLOGY 16 33 2,600.82 78.81 .104 162.55 8.20 ROOM USE 29 67 1,826.30 27.26 .211 62.98 5.76 CROSSOVERS/ALL OTH OUTPTNT 25 288 1,873.18 6.50 .909 74.93 5.93	ALL OTHER ACCOM	15	57	15,227.59	267.15	.180	1015.17		48.04
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	15	0	39,454.32	.00	.000	2630.29		124.46
COMM HOSP OUTPATIENT TOTAL 65 535 8,271.65 15.46 1.688 127.26 26.09 MEDICAL 4 4 4 95.24 23.81 .013 23.81 .30 SURGERY 4 4 94.80 23.70 .013 23.70 .30 PATHOLOGY 34 139 1,781.31 12.82 .438 52.39 5.62 RADIOLOGY 16 33 2,600.82 78.81 .104 162.55 8.20 ROOM USE 29 67 1,826.30 27.26 .211 62.98 5.76 CROSSOVERS/ALL OTH OUTPINT 25 288 1,873.18 6.50 .909 74.93 5.93	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
MEDICAL 4 4 95.24 23.81 .013 23.81 .30 SURGERY 4 4 94.80 23.70 .013 23.70 .30 PATHOLOGY 34 139 1,781.31 12.82 .438 52.39 5.62 RADIOLOGY 16 33 2,600.82 78.81 .104 162.55 8.20 ROOM USE 29 67 1,826.30 27.26 .211 62.98 5.76 CROSSOVERS/ALL OTH OUTPTNT 25 288 1,873.18 6.50 .909 74.93 5.93	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
SURGERY 4 4 94.80 23.70 .013 23.70 .30 PATHOLOGY 34 139 1,781.31 12.82 .438 52.39 5.62 RADIOLOGY 16 33 2,600.82 78.81 .104 162.55 8.20 ROOM USE 29 67 1,826.30 27.26 .211 62.98 5.76 CROSSOVERS/ALL OTH OUTPINT 25 288 1,873.18 6.50 .909 74.93 5.93	COMM HOSP OUTPATIENT TOTAL	65	535	8,271.65	15.46	1.688	127.26		26.09
PATHOLOGY 34 139 1,781.31 12.82 .438 52.39 5.62 RADIOLOGY 16 33 2,600.82 78.81 .104 162.55 8.20 ROOM USE 29 67 1,826.30 27.26 .211 62.98 5.76 CROSSOVERS/ALL OTH OUTPINT 25 288 1,873.18 6.50 .909 74.93 5.93	MEDICAL	4	4	95.24	23.81	.013	23.81		.30
RADIOLOGY 16 33 2,600.82 78.81 .104 162.55 8.20 ROOM USE 29 67 1,826.30 27.26 .211 62.98 5.76 CROSSOVERS/ALL OTH OUTPTNT 25 288 1,873.18 6.50 .909 74.93 5.91	SURGERY	4	4	94.80	23.70	.013	23.70		.30
ROOM USE 29 67 1,826.30 27.26 .211 62.98 5.76 CROSSOVERS/ALL OTH OUTPTNT 25 288 1,873.18 6.50 .909 74.93 5.93	PATHOLOGY	34	139	1,781.31	12.82	.438	52.39		5.62
CROSSOVERS/ALL OTH OUTPINT 25 288 1,873.18 6.50 .909 74.93 5.91	RADIOLOGY	16	33	2,600.82	78.81	.104	162.55		8.20
	ROOM USE	29	67	1,826.30	27.26	.211	62.98		5.76
@STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00	CROSSOVERS/ALL OTH OUTPTNT	25	288	1,873.18	6.50	.909	74.93		5.91
	@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	16	\$	319.38	\$	19.96	.050	\$	35.49	\$	1.01
PATHOLOGY	9	16		319.38		19.96	.050		35.49		1.01
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	6	\$	100.88	\$	16.81	.019	\$	33.63	\$.32
CLINIC	3	6		86.98		14.50	.019		28.99		.27
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		13.90		.00	.000		.00		.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MONTH-OF	-PAYMENT RE	EPORT	FOR JAN 20	02 THRU	DEC	2002	PAGI	- ,
MOP024	FEE-FOR-SERVICE/DENTAL	L								(01/17/03

317 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 5 103.37 \$ @ALL OTHER PROVIDERS 21 516.83 24.61 .066 \$ 1.63 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 0 0 .00 .00 HEARING AID DISPENSERS .00 .000 .00 MEDICAL TRANSPORTATION 18 201.83 11.21 .057 100.92 .64 AMBULANCES/AIR TRANS 18 201.83 11.21 .057 100.92 .64 OTHER TRANS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 315.00 105.00 .009 105.00 .99 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .00 .00 .000 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .00 .000 .00 .00 .00 ORTHOTICS .00 .000 .00 .00 .00 .00 .00 PSYCHOLOGIST .000 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

----- MONTHLY AVERAGE -----

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NEVADA COUNTY

HOSPICE SERVICES

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

 $[\]ensuremath{\text{@}}\star$ Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,765 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVICE	/DENTAL									01/17	1/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR	64 REFU	GEES	A:	ID COI	DES 01 02	08				
								MC	NTHLY AV	ERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST I	PER	COST PE	lR
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG	USEI	2	ELIGIBL	ĿΕ
@TOTAL, ALL PROVIDERS	1		2	\$	14.97	\$	7.49	.000	\$ 14.	97	\$.0	0 (
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$	00	\$.0	0 (
OUTPATIENT VISITS	0		0		.00		.00	.000		00	.0	0 (
OFFICE VISITS	0		0		.00		.00	.000		00	.0	0 (
HOME VISITS	0		0		.00		.00	.000		00	.0	0 (
EMERGENCY ROOM	0		0		.00		.00	.000		00	.0	0 (
PREVENTIVE CARE	0		0		.00		.00	.000		00	.0	0 (
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		00	.0	0 (
OTHER OUTPATIENT	0		0		.00		.00	.000		00	.0	0 (
INPATIENT VISITS	0		0		.00		.00	.000		00	.0	0 (
HOSPITAL VISITS	0		0		.00		.00	.000		00	.0	0 (
CRITICAL CARE	0		0		.00		.00	.000		00	.0	0 (
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		00	.0	0 (
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		00	.0	0 (
EXAMINATIONS	0		0		.00		.00	.000		00	.0	0 (
SERVICES AND MATERIALS	0		0		.00		.00	.000		00	.0	0 (
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		00	.0	0 (
PRINCIPAL SURGEON	0		0		.00		.00	.000		00	.0	
ASSISTANT SURGEON	0		0		.00		.00	.000		00	.0	
ANESTHESIOLOGIST	0		0		.00		.00	.000		00	.0	0 (
OUTPATIENT SURGERY	0		0		.00		.00	.000		00	.0	0 (
PRINCIPAL SURGEON	0		0		.00		.00	.000		00	.0	
ASSISTANT SURGEON	0		0		.00		.00	.000		00	.0	
ANESTHESIOLOGIST	0		0		.00		.00	.000		00	.0	
DIALYSIS	0		0		.00		.00	.000		00	.0	
PATHOLOGY	0		0		.00		.00	.000		00	.0	
RADIOLOGY	0		0		.00		.00	.000		00	. 0	
PSYCHIATRY	0		0		.00		.00	.000		00	. 0	
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		00	. 0	
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		00	. 0	
@PHARMACY	1		2	\$	14.97	\$	7.49	.000		97		
PRESCRIPTION DRUGS	1		2		14.97		7.49	.000	14.		. 0	
SNF/ICF	0		0		.00		.00	.000		00	. 0	
OUTPATIENTS	1		2		14.97		7.49	.000	14.		. 0	
MEDICAL SUPPLIES	0		0		.00		.00	.000		00	.0	
@DENTIST	0		0	\$.00	\$.00	.000		00	\$.0	
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		00	.0	
ORAL SURGERY	0		0		.00		.00	.000		00	.0	
DRUGS	0		0		.00		.00	.000		00	.0	
ANESTHESIA	0		0		.00		.00	.000		00	.0	10

PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES MOI	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE	•
MOP024	FEE-FOR-SERVICE/D							0	1/17/03
NEVADA COUNTY	SUMMARY OF SERVICE	es for 64 refu	JGEES	AI	D CODES 01 02	08			
							THLY AVERA		
00 ELIGIBLES		NITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	T PER
		NITS OF SERVICE OR DAYS OF CARE	₹ .		PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COS ELI	GIBLE
@OPTOMETRIST				.00	PER UNIT/DAY \$.00	UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COS	GIBLE .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED			₹ .	.00	PER UNIT/DAY \$.00 .00	UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COS ELI	GIBLE .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES			₹ .	.00 .00	PER UNIT/DAY \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COS ELI	GIBLE .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES			€ \$.00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR			₹ .	.00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$	COST PER USER .00 .00 .00 .00	COS ELI	GIBLE .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS			€ \$.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$.000 \$	COST PER USER .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES			E \$.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST			€ \$.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$.000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS			E \$.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 \$.000 .000 \$.000 \$.000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COS ELI \$	GIBLE .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST			E \$.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$.000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COS ELI \$	GIBLE .00 .00 .00 .00 .00 .00

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OTHER

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

EAMILY MIDGE DDAGMIMIONED	0	0 ¢	0.0	ė oo	000 ¢	0.0	Ċ 00
FAMILY NURSE PRACTITIONER	0	0 \$ 0 \$.00	\$.00 \$.00	.000 \$.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$, , ,	· ·		
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	v	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	U	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES MON	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	002 THRU DEC	2002	PAGE 8,767
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	64 REFUGEES	AI	ID CODES 01 02	08		
					MONTH	LY AVERAG	GE
00 ELIGIBLES	USERS UNITS O	F SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS C	OST PER	COST PER
	OR DAY	S OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	'	.00	'	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		Ś	.00
LEV A-INTERMEDIATE	0	0	Υ	.00	Υ	.00	.000	.00	۲	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
	0	0	\$		Ċ				ċ	
@INTERMEDIATE CARE FACILDD	0	0	Ş	.00	\$.00	.000 \$		\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0			.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0	^	.00	<u> </u>	.00	.000	.00	<u> </u>	.00
@HEMODIALYSIS TOTAL	U	0	\$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	Ü	0	_	.00	_	.00	.000	.00	_	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$		\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	REPORT	r for jan 2	2002 THRU DE	EC 2002	PA	AGE 8,768
MOP024	FEE-FOR-SERVIC	E/DENTAL								01/17/03
NEVADA COUNTY	SUMMARY OF SER	VICES FOR 64 REF	UGEES	P	AID CO	DDES 01 02	08			
							MON	THLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		
PROSTHETIST/ORTHOTISTS	U	U		.00		.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,769
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL ALD CODES OM ON

NEVADA COUNTY	SUMMARY OF SER	VICES FOR 65 BCCTP-FEDERA	L	AID CODES OM	ON		
					MON	THLY AVERAG	Ξ
19 ELIGIBLES	USERS		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	20	77 \$	2,734.86	\$ 35.52	4.053 \$	136.74	\$ 143.94
@PHYSICIANS SERVICES	14	41 \$	1,616.15	\$ 39.42	2.158 \$	115.44	\$ 85.06
OUTPATIENT VISITS	10	10	379.70	37.97	.526	37.97	19.98
OFFICE VISITS	10	10	379.70	37.97	.526	37.97	19.98
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	14	959.63	68.55	.737	191.93	50.51
PRINCIPAL SURGEON	4	7	760.40	108.63	.368	190.10	40.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	199.23	28.46	.368	99.62	10.49
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	9	165.79	18.42	.474	33.16	8.73
RADIOLOGY	3	4	96.33	24.08	.211	32.11	5.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3	8.70	2.90	.158	2.90	.46
OTHER SERVICES/ALL X-OVERS	1	1	6.00	6.00	.053	6.00	.32
@ PHARMACY	10	11 \$	307.40	\$ 27.95	.579 \$	30.74	\$ 16.18
PRESCRIPTION DRUGS	10	11	307.40	27.95	.579	30.74	16.18
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	10	11	307.40	27.95	.579	30.74	16.18

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES M	• • •				PAGE 8,770
MOP024	FEE-FOR-SERVICE		.01.111 01 1111111111 11		2002 111110 22	0 2002	01/17/03
NEVADA COUNTY	SUMMARY OF SERV		DERAL	AID CODES OM	ON		
					MON'	THLY AVERAG	E
19 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	9	24 \$	687.10	\$ 28.63	1.263 \$	76.34	\$ 36.16
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODALIONS	•						

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ADMINISTRATIVE DAYS

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

TRANSITIONAL IP CARE

0

0

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9

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3

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11.46

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		2	21 42	10 45	1 = 0	0.1 4.0	1 65
CROSSOVERS/ALL OTH OUTPTNT	1	3	31.40	10.47	.158	31.40	1.65
@COUNTY HOSPITAL TOTAL	Ü	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 8,771
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FO	R 65 BCCTP-FEDE	CRAL	AID CODES OM	ON		
					MON'	THLY AVERAG	GE
19 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DA	YS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	24 \$	687.10	\$ 28.63	1.263 \$		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
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ACCOMMODATIONS

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ALL OTHER ACCOM	0	0			.00		.00	.00		.00		.00
ANCILLARIES	0	0			.00		.00	.00		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.00		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.00	0	.00		.00
COMM HOSP OUTPATIENT TOTAL	9	24		6	587.10		28.63	1.26	3	76.34		36.16
MEDICAL	1	1			8.31		8.31	.05	3	8.31		.44
SURGERY	1	1			50.81		50.81	.05	3	50.81		2.67
PATHOLOGY	7	13		2	204.16		15.70	.68	4	29.17		10.75
RADIOLOGY	3	3		1	74.76		58.25	.15	8	58.25		9.20
ROOM USE	1	3			217.66		72.55	.15		217.66		11.46
CROSSOVERS/ALL OTH OUTPINT	_ 1	3		_	31.40		10.47	.15		31.40		1.65
@STATE HOSPITAL	0	0	\$.00	\$.00		0 \$.00	Ś	.00
MENTALLY ILL	0	0	۲		.00	۲	.00	.00		.00	۲	.00
DEVELOP. DISABLED	0	0			.00		.00	.00		.00		.00
@NURSING FACILITY	0	0	\$.00	ċ	.00	.00		.00	\$	
•	0	0	Ş			\$					Ą	.00
LEV A-INTERMEDIATE	Ü	· ·			.00		.00	.00		.00		.00
LEV B-REHAB MD	U	0			.00		.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	Ü	0			.00		.00	.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.00		.00		.00
LEV B-REGULAR	0	0			.00		.00	.00		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.00	0 \$.00	\$.00
ICF DDH	0	0			.00		.00	.00	0	.00		.00
ICF DD	0	0			.00		.00	.00	0	.00		.00
ICF DDN/DDCN	0	0			.00		.00	.00	0	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.00	0 \$.00	\$.00
HOSPITAL BASED	0	0			.00	•	.00	.00		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.00		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.00		.00	Ś	.00
HOSPITAL BASED	0	0	Ÿ		.00	٧	.00	.00		.00	٧	.00
INDEPENDENT FACILITY	0	0			.00		.00	.00		.00		.00
	0	0	\$.00	\$.00	.00		.00	ċ	.00
@LABORATORY FACILITY	0	•	Ş			Ą					\$	
PATHOLOGY	Ü	0			.00		.00	.00		.00		.00
XO AND OTHERS	U	0	_		.00		.00	.00		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	1	.24.21	\$	124.21	.05		124.21	\$	6.54
CLINIC	0	0			.00		.00	.00		.00		.00
SURGICENTER	0	0			.00		.00	.00		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.00		.00		.00
RURAL HEALTH CLINIC	1	1		1	24.21		124.21	.05	3	124.21		6.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES 1	MONTH-OF-PAY	MENT R	EPORT	FOR JAN	2002 THR	J DE	2002	PΙ	AGE 8,772
MOP024	FEE-FOR-SERVICE/DE	INTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICE	S FOR 65 BCCT	P-FE	EDERAL		AID	CODES 0M	ON				
									MON'	THLY AVERA	GE -	
19 ELIGIBLES	USERS UN	IITS OF SERVICE		EXPENDI	TURES	AVE	RAGE COST	UNITS/D	AYS	COST PER	(COST PER
		R DAYS OF CARE	1			PER	UNIT/DAY	PER EL	IG	USER	Ι	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.00	0 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	·		.00	•	.00	.00		.00		.00
BLOOD BANK	0	0			.00		.00	.00		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.00		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.00		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.00		.00		.00
OTHER TRANS	0	0			.00		.00	.00		.00		.00
OTHER TRANS	0	0			.00			.00		.00		
	· · · · · · · · · · · · · · · · · · ·						.00					.00
ACUPUNCTURE	0	0			.00		.00	.00		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.00	U	.00		.00

GENETIC DISEASE TESTING

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IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,773
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

NEVADA COUNTI	SUMMANI OF SER	AICES LOK OO DCCIL-	SIMIE-ONLI		AID CODES OF	01		
						MON	THLY AVERA	GE
06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPE	NDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4	7 \$	5	172.47	\$ 24.64	1.167 \$	43.12	\$ 28.75
@PHYSICIANS SERVICES	4	6 \$	5	157.27	\$ 26.21	1.000 \$	39.32	\$ 26.21
OUTPATIENT VISITS	3	3		79.60	26.53	.500	26.53	13.27
OFFICE VISITS	3	3		79.60	26.53	.500	26.53	13.27
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		26.95	26.95	.167	26.95	4.49
RADIOLOGY	1	2		50.72	25.36	.333	50.72	8.45
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-OF-P	AYMENT REE	PORT FOR JAN 2002	2 THRU DE	C 2002	PAGE 8,774
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	66 BCCT	P-STATE-ONLY		AID CODES OR OT			

NEVADA COUNTI	SUMMAKI OF SEK	VICES FOR	00 DCCI	-SIAI	E-ONTI	AID	CODES OF	01				
								M	INO	HLY AVERA	GE.	
06 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1		1	\$	15.20	\$	15.20	.167	\$	15.20	\$	2.53
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	1	1	15.20	15.20	.167	15.20	2.53
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	15.20	15.20	.167	15.20	2.53
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000	.00	.00
ACCOMMODATIONS	0	g .	.00				
ADMINISTRATIVE DAYS	•	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MONT		PORT FOR JAN 2	2002 THRU DE	2002	PAGE 8,775
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE			PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 8,775 01/17/03
	FEE-FOR-SERVICE/		TH-OF-PAYMENT RE	EPORT FOR JAN 2 AID CODES OR		C 2002	
MOP024	FEE-FOR-SERVICE/	DENTAL	TH-OF-PAYMENT RE				01/17/03
MOP024	FEE-FOR-SERVICE/	DENTAL	TH-OF-PAYMENT RE		0T MON'	THLY AVERA	01/17/03
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE, SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE	TH-OF-PAYMENT RE	AID CODES OR	OT MON' UNITS/DAYS	THLY AVERA	01/17/03 GE
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE, SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE	TH-OF-PAYMENT RE	AID CODES OR AVERAGE COST	OT MON' UNITS/DAYS	THLY AVERA COST PER	01/17/03 GE COST PER ELIGIBLE
MOP024 NEVADA COUNTY 06 ELIGIBLES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE	TH-OF-PAYMENT RE E-ONLY EXPENDITURES	AID CODES OR AVERAGE COST PER UNIT/DAY	OT MON' UNITS/DAYS PER ELIG .167 \$	IHLY AVERA COST PER USER	01/17/03 GE COST PER ELIGIBLE
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 15.20	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20	OT MON' UNITS/DAYS PER ELIG	IHLY AVERA COST PER USER 15.20	01/17/03 GE COST PER ELIGIBLE \$ 2.53
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 1 0	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 15.20 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20 .00	OT MON' UNITS/DAYS PER ELIG .167 \$.000	THLY AVERA COST PER USER 15.20 .00	01/17/03 GE COST PER ELIGIBLE \$ 2.53 .00
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE/SUMMARY OF SERVIUSERS 1 0 0	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 15.20 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20 .00 .00	0T MON' UNITS/DAYS PER ELIG .167 \$.000 .000	THLY AVERA COST PER USER 15.20 .00	01/17/03 GE COST PER ELIGIBLE \$ 2.53 .00 .00
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0	TH-OF-PAYMENT REE-ONLY EXPENDITURES 15.20 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .167 \$.000 .000 .000	THLY AVERA COST PER USER 15.20 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 2.53 .00 .00 .00
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0 0	TH-OF-PAYMENT REE-ONLY EXPENDITURES 15.20 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .167 \$.000 .000 .000	THLY AVERA COST PER USER 15.20 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 2.53 .00 .00 .00 .00 .00
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0	TH-OF-PAYMENT REE-ONLY EXPENDITURES 15.20 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .167 \$.000 .000 .000 .000	THLY AVERA COST PER USER 15.20 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 2.53 .00 .00 .00 .00 .00 .00
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0 0 0 0 0 0	TH-OF-PAYMENT REE-ONLY EXPENDITURES 15.20 .00 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .167 \$.000 .000 .000 .000	THLY AVERA COST PER USER 15.20 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 2.53 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0 0 0 0 0 0 0	TH-OF-PAYMENT REE-ONLY EXPENDITURES 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .167 \$.000 .000 .000 .000 .000 .000	THLY AVERA COST PER USER 15.20 .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 2.53 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE/SUMMARY OF SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0 0 0 0 0 0 0 0 0	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .167 \$.000 .000 .000 .000 .000 .000	THLY AVERA COST PER USER 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 2.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0 0 0 0 0 0 0	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .167 \$.000 .000 .000 .000 .000 .000 .000	THLY AVERA COST PER USER 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 2.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE/SUMMARY OF SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0 0 0 0 0 0 0 1	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .167 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 2.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE/SUMMARY OF SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0 0 0 0 0 0 0 1	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .167 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 2.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE/SUMMARY OF SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0 0 0 0 0 0 0 1	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .167 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 2.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE/SUMMARY OF SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0 0 0 0 0 0 1	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .167 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 2.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE/SUMMARY OF SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0 0 0 0 0 0 1 0 0 1	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .167 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 2.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE/SUMMARY OF SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0 0 0 0 0 0 1 0 0 1	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .167 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 2.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE/SUMMARY OF SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0 0 0 0 0 0 1 0 0 1 0 0 0 0 0 0	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .167 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 2.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 NEVADA COUNTY 06 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE/SUMMARY OF SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0 0 0 0 0 0 1 0 0 1	TH-OF-PAYMENT RE E-ONLY EXPENDITURES 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .167 \$.000 .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER 15.20 .00 .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 2.53 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

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DEVELOP. DISABLED

LEV A-INTERMEDIATE

LEV B-SUBACUTE FREESTANDING

@NURSING FACILITY

LEV B-REHAB MD

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	т	.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00		\$.00	Ś	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	7	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	·	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PAYM	ENT RE	PORT FOR JAM	N 2002 THRU D	EC 2002	PAGE	8,776
MOP024	FEE-FOR-SERVICE/DENTAL							0	1/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	R 66 BCCTP-	STATE-ONLY		AID CODES (OR OT			
							NTHLY AVERA	_	
06 ELIGIBLES		F SERVICE	EXPENDIT	URES		ST UNITS/DAYS			T PER
	OR DAY	S OF CARE			PER UNIT/DA		USER		GIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00		\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00		.00
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00		.00

AMBULANCES/AIR TRANS	0	0		.00	.00	.000		00	.00
OTHER TRANS	0	0		.00	.00	.000		00	.00
OTHER SERVICES	0	0		.00	.00	.000		00	.00
ACUPUNCTURE	0	0		.00	.00	.000		00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000		00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000		00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000		00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000		00	.00
OPTICIAN	0	0		.00	.00	.000		00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000		00	.00
PORTABLE X-RAY	0	0		.00	.00	.000		00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000		00	.00
PROSTHETICS	0	0		.00	.00	.000		00	.00
ORTHOTICS	0	0		.00	.00	.000		00	.00
PSYCHOLOGIST	0	0		.00	.00	.000		00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000		00	.00
HOSPICE SERVICES	0	0		.00	.00	.000		00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000		00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000		00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000		00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000		00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000		00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000		00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.	00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.	00 \$.00
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION	ITEM ONLY;						

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,777 #CALIF DEPT OF HEALTH SERV MOP024 01/17/03 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL NEVADA COUNTY

----- MONTHLY AVERAGE -----25 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 116.29 @TOTAL, ALL PROVIDERS 24 84 2,907.33 \$ 34.61 3.360 \$ 121.14 \$ 18 47 1,773.42 37.73 1.880 \$ 98.52 \$ @PHYSICIANS SERVICES 70.94 13 13 459.30 35.33 .520 35.33 OUTPATIENT VISITS 35.33 35.33 OFFICE VISITS 13 13 459.30 .520 18.37 HOME VISITS 0 0 .00 .00 .000 .00 .00 EMERGENCY ROOM 0 0 .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST 0 .00 .00 .000 .00 .560 OUTPATIENT SURGERY 14 959.63 68.55 191.93 38.39 PRINCIPAL SURGEON 760.40 108.63 .280 190.10 30.42

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	199.23		.280	99.62	7.97
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	10	192.74	19.27	.400	32.12	7.71
RADIOLOGY	4	6	147.05		.240	36.76	5.88
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3	8.70	2.90	.120	2.90	.35
OTHER SERVICES/ALL X-OVERS	1	1	6.00	6.00	.040	6.00	.24
@PHARMACY	10	11 \$	307.40	\$ 27.95	.440	\$ 30.74	\$ 12.30
PRESCRIPTION DRUGS	10	11	307.40	27.95	.440	30.74	12.30
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	10	11	307.40	27.95	.440	30.74	12.30
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU I	DEC 2002	PAGE 8,778

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

							3.44	\nTm	III	CE	
05 81 1018180					2.11				HLY AVERA	.GĽ	
25 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY:	S	COST PER		COST PER
_	_	OR DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	10	25	\$	702.30	\$	28.09	1.000	\$	70.23	\$	28.09
HOSP INPATIENT TOTAL	0	0	·	.00	·	.00	.000		.00	·	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	25		702.30	28.09	1.000	70.23	28.09
MEDICAL	1	1		8.31	8.31	.040	8.31	.33
SURGERY	1	1		50.81	50.81	.040	50.81	2.03
PATHOLOGY	8	14		219.36	15.67	.560	27.42	8.77
RADIOLOGY	3	3		174.76	58.25	.120	58.25	6.99
ROOM USE	1	3		217.66	72.55	.120	217.66	8.71
CROSSOVERS/ALL OTH OUTPINT	1	3		31.40	10.47	.120	31.40	1.26
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITU	RES MONT	H-OF-PAYMENT RE	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 8,779
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	67 BCC	rp-total					
						M	ONTHLY AVERA	GE

25 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE USER PER UNIT/DAY PER ELIG ELIGIBLE 25 702.30 28.09 70.23 \$ 28.09 @COMMUNITY HOSPITAL TOTAL 10 1.000 \$ 0 .00 .00 COMM HOSP INPATIENT TOTAL 0 .00 .000 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 . 00 .00 .00 .00 ALL OTHER ACCOM .00 .000 .00 .00 .00 .000 .00 .00 ANCILLARIES INPATIENT CROSSOVERS 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 10 702.30 28.09 1.000 70.23 28.09 MEDICAL 1 8.31 8.31 .040 8.31 .33 SURGERY 1 50.81 50.81 .040 50.81 2.03 27.42 PATHOLOGY 14 219.36 15.67 .560 8.77 174.76 58.25 .120 58.25 6.99 RADIOLOGY 72.55 ROOM USE 217.66 .120 217.66 8.71 3 31.40 .120 CROSSOVERS/ALL OTH OUTPTNT 10.47 31.40 1.26

.00 \$

.00

.000 \$

.00 \$

.00

@STATE HOSPITAL

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	124.21	\$	124.21	.040	\$	124.21	\$	4.97
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		124.21		124.21	.040		124.21		4.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MONTH-	OF-PAYMENT RE	PORT	FOR JAN 200	2 THRU	DEC	2002	PAG	E 8,780
MOP024	FEE-FOR-SERVICE/DENTAL	L									01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

25 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{0*} Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,781
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY	SUMMARY OF SER	VICES FOR	68 QMB	- ONLY			AID CO	ODE			
								MO	ONTHLY AVERA	AGE	
165 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	S COST PER	CC	ST PER
		OR DAYS	OF CARE	3		PER	UNIT/DAY	PER ELIG	USER	ΕI	LIGIBLE
@TOTAL, ALL PROVIDERS	45		131	\$	6,166.23	\$	47.07	.794	\$ 137.03	\$	37.37
@PHYSICIANS SERVICES	20		54	\$	1,262.40	\$	23.38	.327	\$ 63.12	\$	7.65
OUTPATIENT VISITS	0		0		.00		.00	.000	.00		.00
OFFICE VISITS	0		0		.00		.00	.000	.00		.00
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00		.00
INPATIENT VISITS	0		0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00		.00
CRITICAL CARE	0		0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00		.00
EXAMINATIONS	0		0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	20	54		1,262.40	23.38	.327	63.12		7.65
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	3	8	\$.00	\$.00	.048 \$.00	\$.00
VISITS - DIAGNOSTIC	2	4		.00	.00	.024	.00		.00
ORAL SURGERY	1	1		.00	.00	.006	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	1		.00	.00	.006	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	2		.00	.00	.012	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MON					PAG	E 8,782
MOP024	FEE-FOR-SERVICE								01/17/03
NEVADA COUNTY	SUMMARY OF SERV		- ONLY	•	AID C	ODE			
		~				MON	THLY AVERA	GE	
165 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	ST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	EI	IGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	4	4	\$	23.69	\$ 5.92	.024 \$		\$.14
MEDICINE/INJECTIONS	0	0	•	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	Ō	Ō		.00	.00	.000	.00		.00
OTHER	4	4		23.69	5.92	.024	5.92		.14
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00
	-	-				1			-

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
@TOTAL HOSPITAL	6	21	Ś	1,085.81	Ś	51.71	.127	\$	180.97		6.58
HOSP INPATIENT TOTAL	1	15	Υ	812.00	Ψ.	54.13	.091	Ψ.	812.00	Ψ	4.92
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	Ô	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	15		812.00		54.13	.091		812.00		4.92
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	6		273.81		45.64	.036		54.76		1.66
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	5	6		273.81		45.64	.036		54.76		1.66
@COUNTY HOSPITAL TOTAL	0	0	\$.00	Ś	.00	.000	Ś		Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	•	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUE	RES MONTH	H-OF-PAYMENT RE	EPORT	FOR JAN 2002	2 THRU	DEC	2002	PAG	E 8,783
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	68 QMB	- ONLY			AID CODE					

----- MONTHLY AVERAGE -----165 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 6 21 \$ 1,085.81 51.71 .127 \$ 180.97 \$ 6.58 812.00 812.00 COMM HOSP INPATIENT TOTAL 15 54.13 .091 4.92 0 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL 0 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 0 .00 .00 .00 ANCILLARIES .000 15 812.00 812.00 4.92 54.13 .091 INPATIENT CROSSOVERS 0 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 5 273.81 45.64 .036 54.76 1.66 MEDICAL .00 .00 .000 .00 .00

SU	RGERY	0	0		.00		.00	.000		.00		.00
PA	THOLOGY	0	0		.00		.00	.000		.00		.00
RA	DIOLOGY	0	0		.00		.00	.000		.00		.00
RO	OM USE	0	0		.00		.00	.000		.00		.00
CR	OSSOVERS/ALL OTH OUTPTNT	5	6		273.81		45.64	.036		54.76		1.66
@STAT	E HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEN	TALLY ILL	0	0		.00		.00	.000		.00		.00
DEV	ELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURS	ING FACILITY	5	0	\$	2,541.31	\$.00	.000	\$	508.26	\$	15.40
LEV	A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV	B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV	B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV	B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV	B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV	B-REGULAR	5	0		2,541.31		.00	.000		508.26		15.40
@INTE	RMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
	DDH	0	0		.00	·	.00	.000		.00		.00
ICF		0	0		.00		.00	.000		.00		.00
	DDN/DDCN	0	0		.00		.00	.000		.00		.00
	DIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
•	PITAL BASED	0	0	т	.00	-	.00	.000	7	.00	т.	.00
	ODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
	BILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
-	PITAL BASED	0	0	Ψ	.00	Τ	.00	.000	Τ.	.00	Τ.	.00
	EPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	RATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
-	HOLOGY	0	0	Ψ.	.00	Υ	.00	.000	Ψ	.00	7	.00
	AND OTHERS	0	0		.00		.00	.000		.00		.00
	NIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLI		0	0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
	GICENTER	0	0		.00		.00	.000		.00		.00
	OIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	AL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
		MEDI CAI CEDITC	· ·	DEC MON							D	
#CALI MOPO	F DEPT OF HEALTH SERV	FEE-FOR-SERVICE	ES AND EXPENDITU	KES MON	TH-OF-PAIMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 8,784 01/17/03
				ONITY			7.TD 00	ODE.				01/1//03
NEVA	DA COUNTY	SUMMARY OF SERV	ICES FOR 68 QMB	- ONLY			AID CO		ONT⊞	III V 7.777777	CE	
	165 FLICIBLES	USERS	INTER OF CERTIC	E.	EADENDIMIDEC	7/ 7/ 77	DACE COCH	MO				
	165 ELIGIBLES	USEKS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY:	5			COST PER ELIGIBLE
алтт	OWILED DROWINEDS	18	OR DAYS OF CAR	<u> </u>	1,253.02	\$	28.48	.267	ċ	USER 69.61		7.59
	OTHER PROVIDERS	0	0	ş	•	Ą	.00	.000	Ą	.00	Ą	.00
	ABLE MED. EQUIP. OD BANK	0	0		.00					.00		
		0	0		.00		.00	.000		.00		.00
	RING AID DISPENSERS	0	0		.00		.00					.00
	ICAL TRANSPORTATION	0	0				.00	.000		.00		.00
	MBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
	THER TRANS	ŭ	•		.00		.00	.000		.00		.00
	THER SERVICES	0	0		.00		.00	.000		.00		.00
	PUNCTURE	0	0		.00		.00	.000		.00		.00
	LT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
	ETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
	C, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
	UPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
	ICIAN	0	0		.00		.00	.000		.00		.00
	SICAL THERAPIST	0	0		.00		.00	.000		.00		.00
	TABLE X-RAY	0	0		.00		.00	.000		.00		.00
PRO	STHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	44	1,253.02	28.48	.267	69.61	7.59
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	43	108	\$ 6,166.23	\$ 57.09	.655	\$ 143.40	\$ 37.37

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,785 FEE-FOR-SERVICE/DENTAL

01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

						MO	NTHLY AVERA	GE
1,695 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	529	2,153	\$	69 , 928.72	\$ 32.48	1.270	\$ 132.19	\$ 41.26
@PHYSICIANS SERVICES	275	633	\$	18,438.97	\$ 29.13	.373	\$ 67.05	\$ 10.88
OUTPATIENT VISITS	251	317		9,797.29	30.91	.187	39.03	5.78
OFFICE VISITS	181	221		6,135.67	27.76	.130	33.90	3.62
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	87	94		3 , 555.76	37.83	.055	40.87	2.10
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2		105.86	52.93	.001	52.93	.06
INPATIENT VISITS	6	30		2,149.96	71.67	.018	358.33	1.27
HOSPITAL VISITS	6	27		1,431.52	53.02	.016	238.59	.84
CRITICAL CARE	1	3		718.44	239.48	.002	718.44	.42
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3		111.45	37.15	.002	37.15	.07
EXAMINATIONS	3	3		111.45	37.15	.002	37.15	.07
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	17		1,673.89	98.46	.010	1673.89	.99
PRINCIPAL SURGEON	1	2		1,115.10	557.55	.001	1115.10	.66
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	15		558.79	37.25	.009	558.79	.33
OUTPATIENT SURGERY	17	42		2,703.07	64.36	.025	159.00	1.59
PRINCIPAL SURGEON	14	20		2,166.89	108.34	.012	154.78	1.28
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	22		536.18	24.37	.013	134.05	.32
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	24	24		138.47	5.77	.014	5.77	.08
RADIOLOGY	33	48		838.00	17.46	.028	25.39	.49
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	4		53.85	13.46	.002	13.46	.03
OTHER SERVICES/ALL X-OVERS	22	148		972.99	6.57	.087	44.23	.57
@PHARMACY	195	314	5	7,973.73		.185		
PRESCRIPTION DRUGS	191	291		7,408.88	25.46	.172	38.79	4.37
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	191	291		7,408.88	25.46	.172	38.79	4.37

MEDICAL SUPPLIES	9	23	564.85	2	4.56	.014		62.76		.33
@DENTIST	42	212	\$ 6,826.00	\$ 33	2.20	.125	\$	162.52	\$	4.03
VISITS - DIAGNOSTIC	34	124	1,912.00	1.	5.42	.073		56.24		1.13
ORAL SURGERY	7	13	550.00	4:	2.31	.008		78.57		.32
DRUGS	11	12	275.00	2:	2.92	.007		25.00		.16
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	0	0	.00		.00	.000		.00		.00
ENDODONTICS	7	19	1,349.00	7:	1.00	.011		192.71		.80
RESTORATIVE DENTISTRY	11	42	2,420.00	5	7.62	.025		220.00		1.43
PROSTHETICS	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00
SPACE MAINTAINERS	2	2	320.00	16	0.00	.001		160.00		.19
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT R	EPORT FO	R JAN 2	2002 THRU	DEC :	2002	P	AGE 8,786
MOP024	FEE-FOR-SERVICE/DE	NTAL					DEC :	2002	Ρ	AGE 8,786 01/17/03
		NTAL		EPORT FO		8N				
MOP024 NEVADA COUNTY	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE	NTAL S FOR 69 133%	PROGRAM A	ID CODES	72 74	8N Mo	ONTH:	LY AVERA	.GE	01/17/03
MOP024	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% ITS OF SERVICE		ID CODES	72 74 E COST	8N MC UNITS/DAY	ONTH:	LY AVERA	ιGE	01/17/03 COST PER
MOP024 NEVADA COUNTY 1,695 ELIGIBLES	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133%	PROGRAM A EXPENDITURES	ID CODES AVERAGI PER UN	72 74 E COST IT/DAY	8N M UNITS/DAY: PER ELIG	ONTH	LY AVERA OST PER USER	ιGE	01/17/03 COST PER ELIGIBLE
MOP024 NEVADA COUNTY 1,695 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM A EXPENDITURES \$ 137.75	ID CODES AVERAGI PER UN: \$ 2	72 74 E COST IT/DAY 7.55	8N MO UNITS/DAYS PER ELIG .003	ONTH	LY AVERA OST PER USER 68.88	ιGE	01/17/03 COST PER ELIGIBLE .08
MOP024 NEVADA COUNTY 1,695 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM A EXPENDITURES \$ 137.75 94.90	ID CODES AVERAGI PER UN: \$ 2' 4'	72 74 E COST IT/DAY 7.55 7.45	8N M UNITS/DAY PER ELIG .003 .001	ONTH	LY AVERA OST PER USER 68.88 47.45	ιGE	01/17/03 COST PER ELIGIBLE .08 .06
MOP024 NEVADA COUNTY 1,695 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% ITS OF SERVICE	PROGRAM A EXPENDITURES \$ 137.75 94.90 42.85	ID CODES AVERAGI PER UN: \$ 2' 4'	72 74 E COST IT/DAY 7.55 7.45 4.28	8N M UNITS/DAY: PER ELIG .003 .001 .002	ONTH	LY AVERA OST PER USER 68.88 47.45 42.85	ιGE	01/17/03 COST PER ELIGIBLE .08 .06 .03
MOP024 NEVADA COUNTY 1,695 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% ITS OF SERVICE R DAYS OF CARE 5 2 3 0	PROGRAM A EXPENDITURES \$ 137.75 94.90 42.85 .00	ID CODES AVERAGI PER UN: \$ 2' 4'	72 74 E COST IT/DAY 7.55 7.45 4.28 .00	8N M UNITS/DAY PER ELIG .003 .001 .002 .000	ONTH	LY AVERA OST PER USER 68.88 47.45 42.85	\GE \$	01/17/03 COST PER ELIGIBLE .08 .06 .03 .00
MOP024 NEVADA COUNTY 1,695 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% ITS OF SERVICE R DAYS OF CARE 5 2 3 0	PROGRAM EXPENDITURES \$ 137.75 94.90 42.85 .00 \$.00	ID CODES AVERAGI PER UN: \$ 2' 4'	72 74 E COST IT/DAY 7.55 7.45 4.28 .00 .00	8N M UNITS/DAY PER ELIG .003 .001 .002 .000	ONTH	LY AVERA OST PER USER 68.88 47.45 42.85 .00	\GE \$	01/17/03
MOP024 NEVADA COUNTY 1,695 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% ITS OF SERVICE R DAYS OF CARE 5 2 3 0	PROGRAM EXPENDITURES \$ 137.75 94.90 42.85 .00 \$.00 .00	ID CODES AVERAGI PER UN: \$ 2' 4'	72 74 E COST IT/DAY 7.55 7.45 4.28 .00 .00 .00	8N M UNITS/DAY PER ELIG .003 .001 .002 .000 .000	ONTH S C	LY AVERA OST PER USER 68.88 47.45 42.85 .00 .00	\GE \$	01/17/03
MOP024 NEVADA COUNTY 1,695 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% ITS OF SERVICE R DAYS OF CARE 5 2 3 0 0 0 0	PROGRAM EXPENDITURES \$ 137.75 94.90 42.85 .00 \$.00 .00	ID CODES AVERAGI PER UN: \$ 2' 4' 1'	72 74 E COST IT/DAY 7.55 7.45 4.28 .00 .00 .00	8N MO UNITS/DAY PER ELIG .003 .001 .002 .000 .000 .000	ONTH: \$ CO \$	LY AVERA OST PER USER 68.88 47.45 42.85 .00 .00	AGE \$	01/17/03
MOP024 NEVADA COUNTY 1,695 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% ITS OF SERVICE R DAYS OF CARE 5 2 3 0 0 0 0	PROGRAM EXPENDITURES \$ 137.75 94.90 42.85 .00 \$.00 .00 .00 \$.00	ID CODES AVERAGI PER UN: \$ 2' 4'	72 74 E COST IT/DAY 7.55 7.45 4.28 .00 .00 .00 .00	8N MO UNITS/DAY PER ELIG .003 .001 .002 .000 .000 .000 .000	ONTH S C	LY AVERA OST PER USER 68.88 47.45 42.85 .00 .00 .00 .00	AGE \$	01/17/03 COST PER ELIGIBLE .08 .06 .03 .00 .00 .00 .00
MOP024 NEVADA COUNTY 1,695 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE/DE SUMMARY OF SERVICE USERS UN	NTAL S FOR 69 133% ITS OF SERVICE R DAYS OF CARE 5 2 3 0 0 0 0	PROGRAM EXPENDITURES \$ 137.75 94.90 42.85 .00 \$.00 .00	ID CODES AVERAGI PER UN: \$ 2' 4' 1'	72 74 E COST IT/DAY 7.55 7.45 4.28 .00 .00 .00	8N MO UNITS/DAY PER ELIG .003 .001 .002 .000 .000 .000	ONTH: \$ CO \$	LY AVERA OST PER USER 68.88 47.45 42.85 .00 .00	AGE \$	01/17/03

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	2					.004		ċ	.31
	0	7 \$							
NURSE ANESTHESIST	0			.00 \$.000	\$.00	\$.00
NURSE MIDWIFE	U	0 \$.00 \$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00 \$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	3		.54 \$	26.18	.002	\$ 39.27		.05
@TOTAL HOSPITAL	144	387	27,326		70.61	.228	\$ 189.77		5.12
HOSP INPATIENT TOTAL	5	17	17,741		1043.65	.010	3548.40	1(0.47
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	5	17	17,741		1043.65	.010	3548.40		0.47
ACCOMMODATIONS	5	17	4,138	.92	243.47	.010	827.78	2	2.44
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	5	17	4,138	.92	243.47	.010	827.78	4	2.44
ANCILLARIES	5	0	13,603	.06	.00	.000	2720.61	8	3.03
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	139	370	9,584	.64	25.90	.218	68.95	Į.	5.65
MEDICAL	34	41	1,129		27.54	.024	33.21		.67
SURGERY	10	10	315		31.51	.006	31.51		.19
PATHOLOGY	35	82	1,019		12.43	.048	29.12		.60
RADIOLOGY	30	34	1,257		37.00	.020	41.93		.74
ROOM USE	110	129	4,556		35.32	.076	41.43		2.69
CROSSOVERS/ALL OTH OUTPTNT	57	74	1,306		17.65	.044	22.92	-	.77
@COUNTY HOSPITAL TOTAL	0	0 5		.00 \$.000	\$.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	Ψ	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00			.00		
ADMINISTRATIVE DAYS	0	0			.00	.000			.00
TRANSITIONAL IP CARE		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	U		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	U		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYME	NT REPO	ORT FOR JAN 2	2002 THRU 1	DEC 2002	PAGE	8,787
MOP024	FEE-FOR-SERVICE	/DENTAL						01,	/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 69 133% I	PROGRAM	AID	CODES 72 74	8N			
							ONTHLY AVERA	GE	
1,695 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITU	RES A	AVERAGE COST	UNITS/DAY:		COST	PER
		OR DAYS OF CARE		F	PER UNIT/DAY			ELIG	IBLE
@COMMUNITY HOSPITAL TOTAL	144	387	•		70.61		\$ 189.77		5.12
COMM HOSP INPATIENT TOTAL	5	17	17,741	.98	1043.65	.010	3548.40	10	0.47
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	5	17	17,741	.98	1043.65	.010	3548.40	10	0.47
ACCOMMODATIONS	5	17	4,138		243.47	.010	827.78	2	2.44
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		. 00	. 00	. 000	. 00		. 00

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TRANSITIONAL IP CARE

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ALL OTHER ACCOM	J	⊥ /		4,130.92		243.47	. 010		02/./0		2.44
ANCILLARIES	5	0		13,603.06		.00	.000		2720.61		8.03
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	139	370		9,584.64		25.90	.218		68.95		5.65
MEDICAL	34	41		1,129.04		27.54	.024		33.21		.67
SURGERY	10	10		315.11		31.51	.006		31.51		.19
PATHOLOGY	35	82		1,019.31		12.43	.048		29.12		.60
RADIOLOGY	30	34		1,257.84		37.00	.020		41.93		.74
ROOM USE	110	129		4,556.91		35.32	.076		41.43		2.69
CROSSOVERS/ALL OTH OUTPINT	57	74		1,306.43		17.65	.044		22.92		.77
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	'	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	т.	.00	т	.00	.000	т.	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	Û	0	Τ	.00	т	.00	.000	т	.00	т	.00
ICF DD	Û	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Υ	.00	Υ	.00	.000	7	.00	Υ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ġ	.00	ς	.00
HOSPITAL BASED	0	0	Y	.00	۲	.00	.000	٧	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
PATHOLOGY	0	0	Y	.00	۲	.00	.000	Y	.00	Y	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	38	59	\$	6,107.00	\$	103.51	.035	Ġ	160.71	Ś	3.60
CLINIC	0	0	Y	.00	۲	.00	.000	٧	.00	Y	.00
SURGICENTER	2	16		548.68		34.29	.009		274.34		.32
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	36	43		5,558.32		129.26	.025		154.40		3.28
			FC I	MONTH-OF-PAYMENT R	FPORT			DEC		DΔ	GE 8,788
	FEE-FOR-SERVICE		ו טבו.	MONTH OF TATMENT N	(111 01(1	I FOR OAN 2	2002 11110	DEC	2002	LA	01/17/03
			DR	OGRAM A	TD CC	DES 72 74	8 NI				01/1//05
NEVADA COUNTI	DOMMANT OF DERV	ICES FOR 09 1338	LIV	OGIVAN	IID CC	DES 12 14	M	ONTE	HIY AVERA	GE -	
1,695 ELIGIBLES	USERS	UNITS OF SERVICE	!	EXPENDITURES	Δ1/1	ERAGE COST					OST PER
1,033 EDIGIBLES	ООШКО	OR DAYS OF CARE				R UNIT/DAY			USER		LIGIBLE
@ALL OTHER PROVIDERS	25	533	\$	2,516.09					100.64		
DURABLE MED. EQUIP.	2	4	Ψ	239.42	4	59.86	.002	7	119.71	Υ	.14
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	61		331.20		5.43	.036		331.20		.20
MEDICAL TRANSFORTATION	± 1	61		331.20		5.43	.030		331.20		.20

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ALL OTHER ACCOM

AMBULANCES/AIR TRANS

ADULT DAY HEALTH CARE CTR

GENETIC DISEASE TESTING

OTHER TRANS

ACUPUNCTURE

OTHER SERVICES

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IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	33.28	8.32	.002	16.64	.02
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	35.79	35.79	.001	35.79	.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	19	463	1,876.40	4.05	.273	98.76	1.11
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	5	41	\$ 3,198.96	\$ 78.02	.024	\$ 639.79	\$ 1.89
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,789
MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

					MOI	NTHLY AVERA	GE
1,591 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	552	3 , 327 \$	317,570.72	\$ 95.45	2.091	\$ 575.31	\$ 199.60
@PHYSICIANS SERVICES	189	982 \$	40,823.86	\$ 41.57	.617	\$ 216.00	\$ 25.66
OUTPATIENT VISITS	142	194	6,454.01	33.27	.122	45.45	4.06
OFFICE VISITS	101	132	3,913.72	29.65	.083	38.75	2.46
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	39	40	1,544.00	38.60	.025	39.59	.97
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.001	126.31	.08
OTHER OUTPATIENT	10	21	869.98	41.43	.013	87.00	.55
INPATIENT VISITS	10	205	17,801.70	86.84	.129	1780.17	11.19
HOSPITAL VISITS	10	139	8,711.47	62.67	.087	871.15	5.48
CRITICAL CARE	4	66	9,090.23	137.73	.041	2272.56	5.71
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.001	46.44	.03
EXAMINATIONS	1	1	46.44	46.44	.001	46.44	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	66	6,617.61	100.27	.041	661.76	4.16
PRINCIPAL SURGEON	7	22	5,453.32	247.88	.014	779.05	3.43
ASSISTANT SURGEON	1	1	65.53	65.53	.001	65.53	.04
ANESTHESIOLOGIST	5	43	1,098.76	25.55	.027	219.75	.69
OUTPATIENT SURGERY	12	28	1,175.67	41.99	.018	97.97	.74
PRINCIPAL SURGEON	10	13	907.65	69.82	.008	90.77	.57
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	15	268.02	17.87	.009	89.34	.17
DIALYSIS	2	14	1,540.84	110.06	.009	770.42	.97
PATHOLOGY	28	35	694.96	19.86	.022	24.82	. 44
RADIOLOGY	49	146	3,286.85	22.51	.092	67.08	2.07
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	4	7		235.15		33.59	.004		58.79		.15	
OTHER SERVICES/ALL X-OVERS	23	286		2,970.63		10.39	.180		129.16		1.87	
@PHARMACY	200	447	\$	20,814.44	\$	46.56	.281	\$	104.07	\$	13.08	
PRESCRIPTION DRUGS	197	346		19,577.66		56.58	.217		99.38		12.31	
SNF/ICF	0	0		.00		.00	.000		.00		.00	
OUTPATIENTS	197	346		19 , 577.66		56.58	.217		99.38		12.31	
MEDICAL SUPPLIES	9	101		1,236.78		12.25	.063		137.42		.78	
@DENTIST	94	392	\$	12,199.00	\$	31.12	.246	\$	129.78	\$	7.67	
VISITS - DIAGNOSTIC	75	243		4,748.00		19.54	.153		63.31		2.98	
ORAL SURGERY	13	25		1,707.00		68.28	.016		131.31		1.07	
DRUGS	4	5		120.00		24.00	.003		30.00		.08	
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.06	
PERIODONTICS	0	0		.00		.00	.000		.00		.00	
ENDODONTICS	3	4		213.00		53.25	.003		71.00		.13	
RESTORATIVE DENTISTRY	36	112		5,276.00		47.11	.070		146.56		3.32	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	1	1		35.00		35.00	.001		35.00		.02	
ALL OTHER SERVICES	1	1		.00		.00	.001		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MOI	NTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PAGI	E 8,790	
MOP024	FEE-FOR-SERVICE/DENTA	.L								(01/17/03	

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRO DEC 2002 PAGE 8,790
MOPO24 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

------ MONTHLY AVERAGE -----
1,591 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST 16 45 \$ 1,089.25 \$ 24.21 .028 \$ 68.08 \$.68

		OR DAYS OF CAR	Æ		PE	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	16	45	\$	1,089.25	\$	24.21	.028	\$ 68.08	\$.68
DIAGNOSTIC AND ANC. PROCED	14	14		639.44		45.67	.009	45.67	.40
EYE APPLIANCES	11	31		449.81		14.51	.019	40.89	.28
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	2	3	\$	50.16	\$	16.72	.002	\$ 25.08	\$.03
VISITS	2	3		50.16		16.72	.002	25.08	.03
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	2	19	\$	1,016.70	\$	53.51	.012	\$ 508.35	\$.64
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	121	1 , 173	\$	229,239.73	\$	195.43	.737	\$ 1894.54	\$ 144.09
HOSP INPATIENT TOTAL	9	122		209,264.62		1715.28	.077	23251.62	131.53
HSC HOSPITALS	3	109		192,517.00		1766.21	.069	64172.33	121.00
NON-HSC HOSPITAL TOTAL	6	13		16,747.62		1288.28	.008	2791.27	10.53
ACCOMMODATIONS	6	13		5,239.74		403.06	.008	873.29	3.29
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	6	13		5,239.74		403.06	.008	873.29	3.29
ANCILLARIES	6	0		11,507.88		.00	.000	1917.98	7.23
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	117	1,051		19,975.11	19.01	.661	170.73	12	2.56
MEDICAL	18	25		817.11	32.68	.016	45.40		.51
SURGERY	18	18		533.98	29.67	.011	29.67		.34
PATHOLOGY	48	649		4,137.05	6.37	.408	86.19	2	2.60
RADIOLOGY	43	67		4,213.64	62.89	.042	97.99	2	2.65
ROOM USE	86	135		4,695.62	34.78	.085	54.60	2	2.95
CROSSOVERS/ALL OTH OUTPTNT	45	157		5,577.71	35.53	.099	123.95	3	3.51
@COUNTY HOSPITAL TOTAL	0	0	\$	31.85	\$.00	.000	\$.00	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		31.85	.00	.000	.00		.02
MEDICAL	0	0		8.17	.00	.000	.00		.01
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		23.68	.00	.000	.00		.01
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
		ES AND EXPENDITUR	ES MON	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU D	EC 2002	PAGE	
	FEE-FOR-SERVICE,							01/	17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 70 100%	PROGF	RAM AI	ID CODES 7A 7C	8R			
							NTHLY AVERA	-	
1,591 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST	
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGI	
@COMMUNITY HOSPITAL TOTAL	121	1,173	\$	229 , 207.88	\$ 195.40	.737	\$ 1894.28	\$ 144	1.07

COMM HOSP INPATIENT TOTAL	9	122		209,264.62		1715.28	.077		23251.62		131.53
HSC HOSPITALS	3	109		192,517.00		1766.21	.069		64172.33		121.00
NON-HSC HOSPITALS TOTAL	6	13		16,747.62		1288.28	.008		2791.27		10.53
ACCOMMODATIONS	6	13		5,239.74		403.06	.008		873.29		3.29
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	13		5,239.74		403.06	.008		873.29		3.29
ANCILLARIES	6	0		11,507.88		.00	.000		1917.98		7.23
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	117	1,051		19,943.26		18.98	.661		170.46		12.54
MEDICAL	18	25		808.94		32.36	.016		44.94		.51
SURGERY	18	18		533.98		29.67	.011		29.67		.34
PATHOLOGY	48	649		4,137.05		6.37	.408		86.19		2.60
RADIOLOGY	43	67		4,213.64		62.89	.042		97.99		2.65
	86	135				34.61	.085		54.32		2.94
ROOM USE	45			4,671.94							
CROSSOVERS/ALL OTH OUTPTNT	45	157	Ċ	5,577.71		35.53	.099	Ċ	123.95	Ċ	3.51
@STATE HOSPITAL	0	0	\$.00		.00		Þ	.00	Ş	.00
MENTALLY ILL	-	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00		.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	2	\$	120.36	\$	60.18	.001	\$	120.36	\$.08
HOSPITAL BASED	1	2		120.36		60.18	.001		120.36		.08
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	21	\$	410.69		19.56	.013	Ś	45.63	Ś	.26
PATHOLOGY	9	21	т.	410.69		19.56	.013	7	45.63	т.	.26
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	29	82	\$	9,436.15		115.08	.052	Ś	325.38	Ś	5.93
CLINIC	3	20	т	208.36		10.42	.013	т	69.45	т	.13
SURGICENTER	1	10		243.41		24.34	.006		243.41		.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	25	52		8,984.38		172.78	.033		359.38		5.65
#CALIF DEPT OF HEALTH SERV			IDEC I	MONTH-OF-PAYMENT				DEC		D	AGE 8,792
MOP024	FEE-FOR-SERVICE		IKES I	MONTH-OF-FAIMENT	KEFUR	CI FOR JAN 2	2002 IRKO	DEC	2002	r	01/17/03
NEVADA COUNTY			יםם יי	OGRAM	ATD C	ODEC 71 7C	0 D				01/11/03
NEVADA COUNTI	SUMMARI OF SERV	ICES FOR 70 100	76 PK	OGRAM	AID C	ODES /A /C	ок М	ONTIM!	11T X 7 X 7 T T T T	CE	
1 FOI BLICIDIES	HOEDO	INTER OF CERTIF	· -	EVDENDIBLEC	7.7.	ZEDACE COCH				-	
1,591 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES							COST PER
GALL OMILED DDOMINED	7.5	OR DAYS OF CAP		0 070 00		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	75	161	\$	2,370.38		14.72	.101	Þ	31.61	Ş	1.49
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	4	19		526.05)	27.69	.012		131.51		.33

AMBULANCES/AIR TRANS	4	19		526.05	27.69	.012	131.51	.33
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4		420.00	105.00	.003	105.00	.26
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	9	19		156.46	8.23	.012	17.38	.10
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1		28.88	28.88	.001	28.88	.02
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	1	1		28.88	28.88	.001	28.88	.02
PSYCHOLOGIST	2	6		190.00	31.67	.004	95.00	.12
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	55	112		1,048.99	9.37	.070	19.07	.66
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	18	1,053	\$	230,458.73	\$ 218.86	.662	\$ 12803.26	\$ 144.85
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
<pre>@* TOTALS IN THESE LINES ARE GIVEN</pre>	AS A SEPARATE	INFORMATION	ITEM ONLY	;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,793 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 NEVADA COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 69 287 11,298.94 \$ 39.37 .000 \$ 163.75 \$.00 7 23 876.81 38.12 .000 \$ 125.26 \$ @PHYSICIANS SERVICES .00 540.54 30.03 135.14 OUTPATIENT VISITS 18 .000 .00 12.00 OFFICE VISITS 12.00 12.00 .000 .00 HOME VISITS .00 .00 .000 .00 .00 .00 EMERGENCY ROOM 0 .00 .000 .00 .00 PREVENTIVE CARE 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 17 528.54 31.09 .000 176.18 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 .00 EXAMINATIONS .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 233.18 OUTPATIENT SURGERY 116.59 .000 116.59 .00 PRINCIPAL SURGEON 233.18 116.59 .000 116.59 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	2	2	8.77	4.39	.000	4.39		.00
RADIOLOGY	1	1	94.32	94.32	.000	94.32		.00
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00		.00
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	0	0	.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE	8,794

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F
----- MONTHLY AVERAGE ------

USERS 00 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE .00 @OPTOMETRIST 0 0 \$.00 .000 \$.00 \$.00 .000 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .00 .00 EYE APPLIANCES .00 .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 .000 VISITS 0 .00 .00 .00 .00 .000 OTHER SERVICES 0 .00 .00 .00 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 OTHER .00 .000 .00 .00 0 .000 \$ @HOME HEALTH AGENCY .00 \$.00 .00 \$.00 .000 \$ NURSE ANESTHESIST .00 \$.00 .00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 \$.00 .00 FAMILY NURSE PRACTITIONER 0 0 .00 .00 .000 \$.00 .00 33 224 36.94 250.78 @TOTAL HOSPITAL 8,275.60 .000 \$.00 .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 0 .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	•	•					
HOSP OUTPATIENT TOTAL	33	224	8,275.60	36.94	.000	250.78	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	5	7	230.71	32.96	.000	46.14	.00
PATHOLOGY	17	25	913.49	36.54	.000	53.73	.00
RADIOLOGY	4	4	309.19	77.30	.000	77.30	.00
ROOM USE	24	45	1,367.56	30.39	.000	56.98	.00
CROSSOVERS/ALL OTH OUTPTNT	22	143	5,454.65	38.14	.000	247.94	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	ŭ	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ü	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					.00
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	^				000		
	U	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
		U 0 ES AND EXPENDITURES MC	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT		ES AND EXPENDITURES MC	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MC /DENTAL	.00 NTH-OF-PAYMENT RE	.00 EPORT FOR JAN 2	.000 2002 THRU DEC	.00	.00 PAGE 8,795
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MC	.00 NTH-OF-PAYMENT RE	.00 EPORT FOR JAN 2	.000 2002 THRU DEC	.00	.00 PAGE 8,795 01/17/03
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MC /DENTAL ICES FOR 71 PRESUMP E	.00 NTH-OF-PAYMENT RE	.00 EPORT FOR JAN 2 ANT AID CODES	.000 2002 THRU DEC 7F MONT	.00 2002 THLY AVERAGE	.00 PAGE 8,795 01/17/03
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MC /DENTAL ICES FOR 71 PRESUMP E UNITS OF SERVICE	.00 NTH-OF-PAYMENT RE	.00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST	.000 2002 THRU DEC 7F MONT UNITS/DAYS	.00 2 2002 CHLY AVERAC COST PER	.00 PAGE 8,795 01/17/03 GE COST PER
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 00 ELIGIBLES	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MO /DENTAL ICES FOR 71 PRESUMP E UNITS OF SERVICE OR DAYS OF CARE	.00 NTH-OF-PAYMENT RE CLIGIBILITY-PREGNA EXPENDITURES	.00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY	.000 2002 THRU DEC 7F MONT UNITS/DAYS PER ELIG	.00 2 2002 CHLY AVERAGE COST PER USER	.00 PAGE 8,795 01/17/03 GE COST PER ELIGIBLE
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MC/DENTAL ICES FOR 71 PRESUMP E UNITS OF SERVICE OR DAYS OF CARE 224 \$.00 ONTH-OF-PAYMENT RE CLIGIBILITY-PREGNA EXPENDITURES 8,275.60	.00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 36.94	.000 2002 THRU DEC 7F MONT UNITS/DAYS PER ELIG .000 \$.00 2 2002 CHLY AVERA COST PER USER 250.78	.00 PAGE 8,795 01/17/03 GE COST PER ELIGIBLE \$.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MO /DENTAL ICES FOR 71 PRESUMP E UNITS OF SERVICE OR DAYS OF CARE 224 \$ 0	.00 ONTH-OF-PAYMENT RE CLIGIBILITY-PREGNA EXPENDITURES 8,275.60 .00	.00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 36.94 .00	.000 2002 THRU DEC 7F MONT UNITS/DAYS PER ELIG .000 \$.000	.00 2 2002 CHLY AVERA COST PER USER 250.78 .00	.00 PAGE 8,795 01/17/03 GE COST PER ELIGIBLE \$.00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MC/DENTAL ICES FOR 71 PRESUMP E UNITS OF SERVICE OR DAYS OF CARE 224 \$ 0 0	.00 ONTH-OF-PAYMENT RE CLIGIBILITY-PREGNA EXPENDITURES 8,275.60 .00 .00	.00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 36.94 .00 .00	.000 2002 THRU DEC 7F MONT UNITS/DAYS PER ELIG .000 \$.000 .000	.00 2 2002 CHLY AVERA COST PER USER 250.78 .00 .00	.00 PAGE 8,795 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MO /DENTAL ICES FOR 71 PRESUMP E UNITS OF SERVICE OR DAYS OF CARE 224 \$ 0	.00 ONTH-OF-PAYMENT RECLIGIBILITY-PREGNATE EXPENDITURES 8,275.60 .00 .00 .00	.00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 36.94 .00 .00 .00	.000 2002 THRU DEC 7F MONT UNITS/DAYS PER ELIG .000 \$.000 .000	.00 2 2002 CHLY AVERA COST PER USER 250.78 .00 .00	.00 PAGE 8,795 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MC/DENTAL ICES FOR 71 PRESUMP E UNITS OF SERVICE OR DAYS OF CARE 224 \$ 0 0	.00 ONTH-OF-PAYMENT RE CLIGIBILITY-PREGNA EXPENDITURES 8,275.60 .00 .00	.00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 36.94 .00 .00	.000 2002 THRU DEC 7F MONT UNITS/DAYS PER ELIG .000 \$.000 .000	.00 2 2002 CHLY AVERA COST PER USER 250.78 .00 .00	.00 PAGE 8,795 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 NEVADA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MC/DENTAL ICES FOR 71 PRESUMP E UNITS OF SERVICE OR DAYS OF CARE 224 \$ 0 0	.00 ONTH-OF-PAYMENT RECLIGIBILITY-PREGNATE EXPENDITURES 8,275.60 .00 .00 .00	.00 EPORT FOR JAN 2 ANT AID CODES AVERAGE COST PER UNIT/DAY \$ 36.94 .00 .00 .00	.000 2002 THRU DEC 7F MONT UNITS/DAYS PER ELIG .000 \$.000 .000	.00 2 2002 CHLY AVERA COST PER USER 250.78 .00 .00	.00 PAGE 8,795 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
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MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	15	17	\$	447.37	\$	26.32	.000	\$	29.82	\$.00
PATHOLOGY	15	17		447.37		26.32	.000		29.82		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	11	\$	439.16	\$	39.92	.000	\$	73.19	\$.00
CLINIC	6	11		414.05		37.64	.000		69.01		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		25.11		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES N	MONTH-OF-PAYMENT RE	PORT	FOR JAN 200	2 THRU	DEC	2002	PAGI	E 8,796
MOP024	FEE-FOR-SERVICE/DENTAL									(01/17/03
NEVADA COUNTY	SUMMARY OF SERVICES FOR	71 PRE	ESUMP	ELIGIBILITY-PREGNA	NT	AID CODES 7F					
							M	ONT	HLY AVERA	GE	

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	0	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	12	12 \$	1,260.00	\$ 105.00	.000 \$	105.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	12	12	1,260.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

 $[\]ensuremath{\emptyset}^{\star}$ Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,797
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

NEVIIDII CCCIVII	DOINING OF DER	VIOLD IOIC	, 2 11001	. 01111	TODELCOOLOGIC TICOC	JI (Z 1I I	11110 00	,,,,				
								MC	NTH	LY AVERA	GE.	
45 ELIGIBLES	USERS	UNITS OF S	SERVICE	}	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S C	OST PER		COST PER
		OR DAYS (OF CARE	}		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	6		37	\$	1,820.02	\$	49.19	.822	\$	303.34	\$	40.44
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00

 $[\]star\star$ These data are included in the appropriate detail lines above.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	6	37	\$	1,820.02	\$	49.19		\$	303.34	\$	40.44
PRESCRIPTION DRUGS	6	37	۲	1,820.02	۲	49.19	.822	ې	303.34	۲	40.44
	0	0		•							
SNF/ICF	0	•		.00		.00	.000		.00		.00
OUTPATIENTS	6	37		1,820.02		49.19	.822		303.34		40.44
MEDICAL SUPPLIES	U	0		.00	_	.00	.000		.00		.00
@DENTIST	Ü	0	\$.00	\$.00		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES 1	MONTH-OF-PAYMENT R	EPORT			DEC		F	PAGE 8,798
MOP024	FEE-FOR-SERVICE					2011 01111 2	111110		2002	_	01/17/03
NEVADA COUNTY			-CZ	L TUBERCULOSIS PRO	CRAM	AID CO	UDE				01/11/03
NEVADA COUNTI	DOFFMANT OF DEIN	TOES FOR TE MEDI	CA.	L TOBERCOLOSIS TRO	GIVAII	AID CC	M	∩ит	מדע אוודטא	CF	
45 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z/L	RAGE COST			COST PER	CL	COST PER
45 EDIGIDDES	ODENO	OR DAYS OF CARE		EXIENDITORES		UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	OR DATS OF CARE	\$.00	\$.00	.000		.00	\$.00
	0		۲		۲			ې		۲	
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	ŭ		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	U	0	<u> </u>	.00	^	.00	.000	<u> </u>	.00	<u> </u>	.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	·	.00	.00
HSC HOSPITALS	0	0	.00	.00		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00		.00	.00
	0	0					
ACCOMMODATIONS	U	U	.00	.00		.00	.00
ADMINISTRATIVE DAYS	Ü	0	.00	.00		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00		.00	.00
SURGERY	0	Ô	.00	.00		.00	.00
PATHOLOGY	0	0	.00	.00		.00	.00
RADIOLOGY	0	0	.00	.00		.00	.00
ROOM USE	0	0	.00	.00		.00	.00
	0	ŭ					
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00		.00	.00
@COUNTY HOSPITAL TOTAL	U	0 \$.00	\$.00	·		•
CO HOSPITAL INPATIENT TOTAL	U	0	.00	.00		.00	.00
HSC HOSPITALS	O	0	.00	.00		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00		.00	.00
MEDICAL	0	0	.00	.00		.00	.00
SURGERY	0	Ô	.00	.00		.00	.00
PATHOLOGY	0	0	.00	.00		.00	.00
RADIOLOGY	0	0	.00	.00		.00	.00
ROOM USE	0	0	.00	.00		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00		.00	.00
#CALIF DEPT OF HEALTH SERV	· ·	ŭ	MONTH-OF-PAYMENT R				
MOP024			MONIH-OF-PAIMENI R	CEPURI FUR JA	N 2002 IRRO DE	C 2002	PAGE 8,799 01/17/03
	FEE-FOR-SERVICE/		AT MUDEDOUTOGES DDG		CODE		01/11/03
NEVADA COUNTY	SUMMARY OF SERVI	CES FOR /2 MEDI-C	AL TUBERCULOSIS PRO	GRAM AID	CODE		O.D.
45 51 70757 70					MON		
45 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ST UNITS/DAYS		COST PER
_	_	OR DAYS OF CARE			AY PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00			·
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00		.00	.00
ALL OTHER ACCOM	0	0	.00	.00		.00	.00
ANCILLARIES	0	0	.00	.00		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00		.00	.00
MEDICAL	0	0	.00	.00		.00	.00

.00

.000

.00

.00

MEDICAL

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	.00		.00
	. 0	0		.00	\$			\$.00	\$	
@STATE HOSPITAL	0				Ą	.00		•	Ą	.00
MENTALLY ILL	U	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0		.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	9	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00	7	.00	.000	.00	-	.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
	0	0			Ċ				Ċ	
@HEMODIALYSIS TOTAL	U	•		.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0		.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00		\$.00	\$.00
CLINIC	0	0	т.	.00	7	.00	.000	.00	-	.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
	0	0								
RURAL HEALTH CLINIC	V VIDE CAL CERTAL	•		.00		.00	.000	.00	D.7	.00
#CALIF DEPT OF HEALTH SERV			TURES .	MONTH-OF-PAYMENT R	KEPORT	' FOR JAN 2	2002 THRU DI	EC 2002	PF	AGE 8,800
MOP024	FEE-FOR-SERVIC									01/17/03
NEVADA COUNTY	SUMMARY OF SER	VICES FOR /2 M	EDI-CA	L TUBERCULOSIS PRO	GRAM	AID CO			~-	
								NTHLY AVERA		
45 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES			UNITS/DAYS	COST PER		COST PER
		OR DAYS OF C					PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0		.00	\$.00	.000		\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
	0									
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	•	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,801 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

						MO	NTHLY AVERA	GE
143 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	133	1,465	\$	70,605.62	\$ 48.19	10.245	\$ 530.87	\$ 493.75
@PHYSICIANS SERVICES	68	246	\$	12,603.31	\$ 51.23	1.720	\$ 185.34	\$ 88.14
OUTPATIENT VISITS	27	31		1,533.09	49.45	.217	56.78	10.72
OFFICE VISITS	20	23		745.35	32.41	.161	37.27	5.21
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		39.56	19.78	.014	19.78	.28
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	6		748.18	124.70	.042	124.70	5.23
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	10	25		949.40	37.98	.175	94.94	6.64

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	10	25		949.40	37.98	.175		94.94		6.64
CRITICAL CARE	0	0		.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000		.00		.00
EXAMINATIONS	0	0		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	15	103		7,013.23	68.09	.720		467.55		49.04
PRINCIPAL SURGEON	10	10		5,511.27	551.13	.070		551.13		38.54
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	6	93		1,501.96	16.15	.650		250.33		10.50
OUTPATIENT SURGERY	11	20		1,690.05	84.50	.140		153.64		11.82
PRINCIPAL SURGEON	10	14		1,466.65	104.76			146.67		10.26
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	6	6		223.40	37.23	.042		37.23		1.56
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	18	29		230.98	7.96	.203		12.83		1.62
RADIOLOGY	15	15		871.88	58.13			58.13		6.10
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	8	18		219.70	12.21	.126		27.46		1.54
OTHER SERVICES/ALL X-OVERS	5	5		94.98	19.00	.035		19.00		.66
@PHARMACY	24	47	\$	1,036.72	\$ 22.06	.329	\$	43.20	\$	7.25
PRESCRIPTION DRUGS	24	47		1,036.72	22.06	.329		43.20		7.25
SNF/ICF	0	0		.00	.00	.000		.00		.00
OUTPATIENTS	24	47		1,036.72	22.06	.329		43.20		7.25
MEDICAL SUPPLIES	0	0		.00	.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000		.00		.00
ORAL SURGERY	0	0		.00	.00	.000		.00		.00
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS	0	0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000		.00		.00
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITUR	ES MON'	TH-OF-PAYMENT RE	EPORT FOR JA	N 2002 THRU	DEC	2002	PAG	GE 8,802
MOP024	FEE-FOR-SERVICE/DENT	AL								01/17/03

NEVADA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

----- MONTHLY AVERAGE -----143 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 0 .00 .00 .000 \$.00 \$.00 0 0 .00 DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 .000 @CHIROPRACTOR 0 0 .00 \$.00 .000 \$.00 \$.00 .000 .00 VISITS 0 .00 .00 .00 .00 OTHER SERVICES .00 .000 .00 .00 0 @PODIATRIST .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00

				0.0							
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3	5	\$	211.13	\$	42.23	.035		70.38		1.48
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$		\$.00
@TOTAL HOSPITAL	65	1,045	\$	53,154.52	\$	50.87	7.308	\$		\$	371.71
HOSP INPATIENT TOTAL	12	41		37,484.93		914.27	.287		3123.74		262.13
HSC HOSPITALS	1	2		2,120.02		1060.01	.014		2120.02		14.83
NON-HSC HOSPITAL TOTAL	11	39		35,364.91		906.79	.273		3214.99		247.31
ACCOMMODATIONS	11	39		11,909.09		305.36	.273		1082.64		83.28
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	11	39		11,909.09		305.36	.273		1082.64		83.28
ANCILLARIES	11	0		23,455.82		.00	.000		2132.35		164.03
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	61	1,004		15,669.59		15.61	7.021		256.88		109.58
MEDICAL	1	, 1		29.73		29.73	.007		29.73		.21
SURGERY	7	9		287.33		31.93	.063		41.05		2.01
PATHOLOGY	35	126		1,449.32		11.50	.881		41.41		10.14
RADIOLOGY	7	8		609.07		76.13	.056		87.01		4.26
ROOM USE	46	147		3,997.29		27.19	1.028		86.90		27.95
CROSSOVERS/ALL OTH OUTPTNT	48	713		9,296.85		13.04	4.986		193.68		65.01
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	O EXPENDITU	JRES N	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2002 THRU	DEC	2002	P.	AGE 8,803
MOP024	FEE-FOR-SERVICE/DENT										01/17/03

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER 143 ELIGIBLES EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 65 1,045 \$ 53,154.52 \$ 50.87 7.308 \$ 817.76 \$ 371.71 COMM HOSP INPATIENT TOTAL 12 41 37,484.93 914.27 .287 3123.74 262.13 2 HSC HOSPITALS 1 2,120.02 1060.01 .014 2120.02 14.83 39 .273 3214.99 NON-HSC HOSPITALS TOTAL 11 35,364.91 906.79 247.31 11,909.09 305.36 1082.64 83.28 ACCOMMODATIONS 11 39 .273 0 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

NEVADA COUNTY

377 00000 30000	1.1	2.0		11 000 00		205 26	070		1000 64		00.00
ALL OTHER ACCOM	11	39		11,909.09		305.36	.273		1082.64		83.28
ANCILLARIES	11	0		23,455.82		.00	.000		2132.35		164.03
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	61	1,004		15,669.59		15.61	7.021		256.88		109.58
MEDICAL	1	1		29.73		29.73	.007		29.73		.21
SURGERY	7	9		287.33		31.93	.063		41.05		2.01
PATHOLOGY	35	126		1,449.32		11.50	.881		41.41		10.14
RADIOLOGY	7	8		609.07		76.13	.056		87.01		4.26
ROOM USE	46	147		3 , 997.29		27.19	1.028		86.90		27.95
CROSSOVERS/ALL OTH OUTPTNT	48	713		9,296.85		13.04	4.986		193.68		65.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	'	.00	'	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	- 7	.00	4	.00	.000	т.	.00	т.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	τ	.00	τ	.00	.000	Τ.	.00	Τ.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	19	32	\$	473.06	Ś	14.78	.224	Ś	24.90	Ś	3.31
PATHOLOGY	19	32	Υ	473.06	Υ	14.78	.224	Υ	24.90	7	3.31
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	12	77	Ś	2,501.20	Ċ	32.48	.538	Ċ	208.43	Ċ	17.49
CLINIC CLINIC	7	46	Y	1,725.19	Ÿ	37.50	.322	Y	246.46	Y	12.06
SURGICENTER	7	31		776.01		25.03	.217		155.20		5.43
HEROIN DETOX CLINIC	5	0		.00					.00		
	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	•		סים מז		יםטחם		.000	DEC		Γ.	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		NKES	MONTH-OF-PAYMENT RE	LPUK'.	I FOR JAN	2002 THRU	DEC	2002	Ρ.	AGE 8,804
MOP024	FEE-FOR-SERVICE/DENTAL	_									01/17/03

MOPU24 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

143 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 13 \$ 625.68 \$ 48.13 .091 \$ 104.28 \$ 4.38 @ALL OTHER PROVIDERS 0 .00 .00 .000 .00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .000 20.59 .056 20.59 .056 .00 .000 .00 .000 .00 .000 .00 .000 92.20 .035 .00 .00 BLOOD BANK 0 .00 .00 .00 .00 HEARING AID DISPENSERS .00 MEDICAL TRANSPORTATION 164.68 164.68 1.15 164.68 164.68 1.15 AMBULANCES/AIR TRANS .00 .00 .00 OTHER TRANS 0 .00 .00 .00 OTHER SERVICES .00 ACUPUNCTURE 0 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .035 GENETIC DISEASE TESTING 461.00 92.20 3.22

----- MONTHLY AVERAGE -----

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

01/17/03

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,805 MOP024 FEE-FOR-SERVICE/DENTAL

NEVADA COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

					MON'	THLY AVERAGE]
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	JRES MONTH-	OF-PAYMENT RE	EPORT FOR JAN	1 2002 THRU D	EC 2002	PAGE	8,806
MOP024	FEE-FOR-SERVICE	/DENTAL						0.3	1/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 74 FOR	R FUTURE US	E					
						MO	NTHLY AVERA	.GE	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE E	XPENDITURES	AVERAGE COS	ST UNITS/DAYS	COST PER	COST	I PER

PER UNIT/DAY PER ELIG

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@OPTOMETRIST

EYE APPLIANCES

DIAGNOSTIC AND ANC. PROCED

OTHER OPTOMETRIC SERVICES

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.0	
VISITS	0	0		.00		.00	.000		.00	.0	0
OTHER SERVICES	0	0		.00		.00	.000		.00	.0	0
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.0	0
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.0	0
SURGERY/ANES.	0	0		.00		.00	.000		.00	.0	<i>i</i> O
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.0	10
OTHER	0	0		.00		.00	.000		.00	.0	0
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.0	0
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.0	
NURSE MIDWIFE	0	0	Ś	.00	\$.00	.000	\$.00	\$.0	0 (
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.0	
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	\$.00	\$.0	
@TOTAL HOSPITAL	Ô	0	Ś	.00	Ś	.00	.000	\$.00	\$.0	
HOSP INPATIENT TOTAL	0	0	۲	.00	Υ	.00	.000	۲	.00	.0	
HSC HOSPITALS	0	0		.00		.00	.000		.00	.0	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	.0	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.0	
	0	0		.00					.00		
ADMINISTRATIVE DAYS	0					.00	.000			.0	
TRANSITIONAL IP CARE	•	0		.00		.00	.000		.00	.0	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.0	
ANCILLARIES	0	0		.00		.00	.000		.00	.0	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.0	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.0	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	.0	
MEDICAL	0	0		.00		.00	.000		.00	.0	
SURGERY	0	0		.00		.00	.000		.00	.0	0
PATHOLOGY	0	0		.00		.00	.000		.00	.0	, O
RADIOLOGY	0	0		.00		.00	.000		.00	.0	<i>i</i> O
ROOM USE	0	0		.00		.00	.000		.00	.0	10
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00	.0	10
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.0	0
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	.0	0
HSC HOSPITALS	0	0		.00		.00	.000		.00	.0	0
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	.0	0
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.0	0
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.0	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.0	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.0	
ANCILLARIES	0	0		.00		.00	.000		.00	.0	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.0	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.0	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	.0	
MEDICAL	0	0		.00		.00	.000		.00	.0	
SURGERY	0	0		.00		.00	.000		.00	.0	
PATHOLOGY	0	0		.00		.00	.000		.00	.0	
RADIOLOGY	0	0		.00		.00	.000		.00	.0	
	0	0		.00		.00	.000		.00		
ROOM USE	0	0								.0	
CROSSOVERS/ALL OTH OUTPTNT			70 140	.00		.00	.000	DEG (.00		007
		CES AND EXPENDITURE	is MO	NTH-OF-PAYMENT RE	EPOR.	FOR JAN 200	Z THRU	DEC 2	2002	PAGE 8,	
MOP024	FEE-FOR-SERVIC	,								01/17	/ 03
NEVADA COUNTY	SUMMARY OF SER	VICES FOR 74 FOR I	TUTUR	Œ USE						2.0	
00 =======										GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST UN				COST PE	
0.001.000.000.000.000.000.000.000.000.0	-	OR DAYS OF CARE		ā =		R UNIT/DAY P			USER	ELIGIBL	
@COMMUNITY HOSPITAL TOTAL	0	0	Ş	.00	\$.00	.000	Ş	.00	\$.0	U

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0									
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ü	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	'	.00	'	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	Y	.00	Ÿ	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		
	0	0									.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	'	.00	'	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.00	.000	\$.00	\$	
@ORGANIZED OUTPATIENT CLINIC	0	· · · · · · · · · · · · · · · · · · ·	Ą	.00	Ą			Ą		Ą	.00
CLINIC	0	0				.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	IONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU 1	DEC	2002	PAGE	8,808
MOP024	FEE-FOR-SERVICE									0.2	1/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 74 FOR	FUTU	RE USE							
							Mo	TNC	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER	COST	Γ PER
		OR DAYS OF CAR	E		PER	R UNIT/DAY	PER ELIG		USER	ELIC	GIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	•	.00	.000		.00	•	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
THE TOTAL TIME OF THE TOTAL	O	O		.00		.00	.000		.00		

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

0* Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,809
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

					MON	THLY AVERA	GE	
104 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	ST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		GIBLE
@TOTAL, ALL PROVIDERS	29	82	\$ 3 , 307.95	\$ 40.34	.788 \$	114.07	\$	31.81
@PHYSICIANS SERVICES	4	4	\$ 119.58	\$ 29.90	.038 \$	29.90	\$	1.15
OUTPATIENT VISITS	3	3	86.70	28.90	.029	28.90		.83
OFFICE VISITS	2	2	42.10	21.05	.019	21.05		.40
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	1	1	44.60	44.60	.010	44.60		.43
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	1	1		32.88	32.88	.010	32.88		.32
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	15	32	\$	1,374.50	\$ 42.95	.308	\$ 91.63	\$	13.22
PRESCRIPTION DRUGS	15	32		1,374.50	42.95	.308	91.63		13.22
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	15	32		1,374.50	42.95	.308	91.63		13.22
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	7	27	\$	1,168.00	\$ 43.26	.260	\$ 166.86	\$	11.23
VISITS - DIAGNOSTIC	3	15		188.00	12.53	.144	62.67		1.81
ORAL SURGERY	1	2		83.00	41.50	.019	83.00		.80
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	1	1		260.00	260.00	.010	260.00		2.50
RESTORATIVE DENTISTRY	3	7		572.00	81.71	.067	190.67		5.50
PROSTHETICS	1	1		30.00	30.00	.010	30.00		.29
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	1	1		35.00	35.00	.010	35.00		.34
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MONTH-OF	-PAYMENT REPO	ORT FOR JAN 200	2 THRU	DEC 2002	PAC	,
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
NIDITA DA COLINIDA	CITALANDI OF CEDITORS FOR	75 005	ADDUAT /NT DC	1	ATD CODEC CM				

IVE VIIDII OCCIVII	DOIMMING OF DELIC	VIOLO IOIC	, 0 001		, 11100		TITE CODED	014				
								M	ГИО	THLY AVERA	GE	
104 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4		8	\$	188.36	\$	23.55	.077	\$	47.09	\$	1.81
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00

AID CODES 6N

SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

NEVADA COUNTY

ADMINISTRATIVE DAYS	0	0		00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		00	.00	.000	.00		.00
	0	0							
ANCILLARIES	0	0		00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	4	8	188.		23.55	.077	47.09		1.81
MEDICAL	2	2	24.		12.25	.019	12.25		.24
SURGERY	0	0		00	.00	.000	.00		.00
PATHOLOGY	0	0		00	.00	.000	.00		.00
RADIOLOGY	0	0		00	.00	.000	.00		.00
ROOM USE	3	3	126.		42.09	.029	42.09		1.21
CROSSOVERS/ALL OTH OUTPTNT	2	3	37.	60	12.53	.029	18.80		.36
@COUNTY HOSPITAL TOTAL	0	0 \$		00 \$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		00	.00	.000	.00		.00
HSC HOSPITALS	0	0		00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		00	.00	.000	.00		.00
ANCILLARIES	0	0		00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		00	.00	.000	.00		.00
MEDICAL	0	0		00	.00	.000	.00		.00
SURGERY	0	0		00	.00	.000	.00		.00
PATHOLOGY	0	0		00	.00	.000	.00		.00
RADIOLOGY	0	0		00	.00	.000	.00		.00
ROOM USE	0	0		00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES					DEC 2002	PAGE	8,811
"CULT DELI OF HEWHIH DEKA	THE CALL SHIVE CES AND	D TWITINDIIONES	LICIVIII OF LATMEN	T 1/11 O1/1	. LOIL OAN	2002 1111\0 .	DUC 2002	LAGE	0,011

MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N 01/17/03

NEVIDII COONTI	BOILING OF BEILVE	CDD TOR 7.	0 001 1	711 I D71D/ IV.	DDC .		1	TID CODED		N	ו ייינו	HLY AVERA	CF -	
104 ELIGIBLES	USERS	UNITS OF SI	FDUTCE		EADEMDI	ישנוסדים	7\ \ 7 \ 7 \ 7 \	RAGE COST						OST PER
					FVLFINDI	IURES								LIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	4	OR DAYS O			1	00 20		UNIT/DAY				USER 47.09		
COMMUNITY HOSPITAL TOTAL	4			Ş	1		Ş						Þ	
			0			.00		.00		.000		.00		.00
HSC HOSPITALS	0		0			.00		.00		.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00		.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00		.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00		.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00		.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00		.000		.00		.00
ANCILLARIES	0		0			.00		.00		.000		.00		.00
INPATIENT CROSSOVERS	0 0 4 2		0			.00		.00		.000		.00 .00 .00 47.09 12.25		.00
ALL OTHER INPATIENT	0		0			.00		.00		.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4		8		1	.88.36		23.55		.077		47.09		1.81
MEDICAL	2		2			24.50		12.25		.019		12.25		.24
SURGERY	0		0			.00		.00		.000		.00		.00
PATHOLOGY	0		0			.00		.00		.000		.00		.00
RADIOLOGY	0		0			.00		.00		.000		.00		.00
ROOM USE	3		3		1	26.26		42.09		.029		42.09		1.21
CROSSOVERS/ALL OTH OUTPTNT	2		3			37.60		12.53		.029		18.80		.36
@STATE HOSPITAL	0		0	\$.00	Ś	.00		.000	Ś	.00	Ś	.00
MENTALLY ILL	0		0	т		.00	т	.00		.000	т	.00	т	.00
DEVELOP. DISABLED	0		0			.00		.00		.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00		.000		.00		.00
LEV A-INTERMEDIATE	0		0	Y		.00	۲	.00		.000	Y	.00	Ÿ	.00
	0		0			.00		.00		.000		.00		.00
LEV B-REHAB MD	0		0							.000				.00
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00				.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0							.000				
LEV B-TRANSITIONAL IP CARE	U		-			.00		.00		.000		.00		.00
LEV B-REGULAR	0		0	_		.00	_	.00		.000	_	.00	_	.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00		.000	Ş	.00	Ş	.00
ICF DDH	Ü		0			.00		.00		.000		.00		.00
ICF DD	0		0			.00		.00		.000		.00		.00
ICF DDN/DDCN	0		0			.00		.00		.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00		.000	\$.00	\$.00
HOSPITAL BASED	0		0			.00		.00		.000		.00		.00
HEMODIALYSIS CENTER	0		0			.00		.00		.000		.00		.00
@REHABILITATION FACILITY			0	\$.00	\$.00		.000	\$.00	\$.00
HOSPITAL BASED	0		0			.00		.00		.000		.00		.00
INDEPENDENT FACILITY	0		0			.00		.00		.000		.00		.00
@LABORATORY FACILITY	1		8	\$	2	216.28	\$	27.04		.077	\$	216.28	\$	2.08
PATHOLOGY	1		8		2	216.28		27.04		.077		216.28		2.08
XO AND OTHERS	0		0			.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1		2	\$	1	42.10	\$	71.05		.019	\$	142.10	\$	1.37
CLINIC	0		0			.00		.00		.000		.00		.00
SURGICENTER	0		0			.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0		0			.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	1		2		1	42.10		71.05		.019		142.10		1.37
#CALIF DEPT OF HEALTH SERV		S AND EXPE		ES MONTH			EPORT							
MOP024	FEE-FOR-SERVICE/				Q			_ 01: 0111 /						01/17/03
NEVADA COUNTY	SUMMARY OF SERVI		5 SST	APPEAT./N	T.DC			AID CODES	6N					01/1//00
142411011 0001411	SCHEMIC OF SHIVE	J_D I JI					1	.110 0000		N	יייות רו	HLY AVERA	GE -	
404										. / n = 1.	· · · · · · ·	17 A TIT/U		

----- MONTHLY AVERAGE -----104 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS 1	1 \$	99.13	\$ 99.13	.010 \$	99.13 \$.95
DURABLE MED. EQUIP. 1	1	99.13	99.13	.010	99.13	.95
BLOOD BANK 0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS 0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION 0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS 0	0	.00	.00	.000	.00	.00
OTHER TRANS 0	0	.00	.00	.000	.00	.00
OTHER SERVICES 0	0	.00	.00	.000	.00	.00
ACUPUNCTURE 0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR 0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING 0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST 0	0	.00	.00	.000	.00	.00
OPTICIAN 0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST 0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS 0	0	.00	.00	.000	.00	.00
PROSTHETICS 0	0	.00	.00	.000	.00	.00
ORTHOTICS 0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST 0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY 0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP** 0	0 \$.00	\$.00	.000 \$.00 \$.00

 $[\]ensuremath{\text{@}}\star$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,813
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
NEVADA COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

						MOI	NTHLY AVERA	GE -	
87,381 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	50,918	783 , 363	\$	33,180,125.27	\$ 42.36	8.965	\$ 651.64	\$	379.72
@PHYSICIANS SERVICES	18,891	55 , 652	\$	2,019,130.19	\$ 36.28	.637	\$ 106.88	\$	23.11
OUTPATIENT VISITS	13,074	19 , 326		659,634.03	34.13	.221	50.45		7.55
OFFICE VISITS	9,671	13,238		396,407.35	29.94	.151	40.99		4.54
HOME VISITS	5	6		337.49	56.25	.000	67.50		.00
EMERGENCY ROOM	4,089	5 , 318		224,730.14	42.26	.061	54.96		2.57
PREVENTIVE CARE	13	15		705.87	47.06	.000	54.30		.01
OB VISITS/COMPRE PERI	189	333		25,010.83	75.11	.004	132.33		.29
OTHER OUTPATIENT	370	416		12,442.35	29.91	.005	33.63		.14
INPATIENT VISITS	944	3 , 451		181,915.28	52.71	.039	192.71		2.08
HOSPITAL VISITS	828	2,946		127,586.30	43.31	.034	154.09		1.46
CRITICAL CARE	74	380		50,667.77	133.34	.004	684.70		.58
SNF/ICF/TRANS IP CARE	96	125		3,661.21	29.29	.001	38.14		.04
OPHTHALMOLOGICAL SERVICES	213	225		10,150.45	45.11	.003	47.65		.12
EXAMINATIONS	212	223		10,098.15	45.28	.003	47.63		.12
SERVICES AND MATERIALS	2	2		52.30	26.15	.000	26.15		.00

INPATIENT HOSPITAL SURGERY	685	3 , 557		425,153.21	119.53	.041	620.66		4.87
PRINCIPAL SURGEON	463	625		343,321.97	549.32	.007	741.52		3.93
ASSISTANT SURGEON	66	69		15,796.13	228.93	.001	239.34		.18
ANESTHESIOLOGIST	288	2,863		66,035.11	23.07	.033	229.29		.76
OUTPATIENT SURGERY	1,452	3,195		219,961.90	68.85	.037	151.49		2.52
DRINCIDAL SURCEON	1 271	1,622		181,076.51	111.64	.019	142.47		2.07
ASSISTANT SURGEON	8	8		1,025.18	128.15	.000	128.15		.01
ANESTHESIOLOGIST	293	1,565		37,860.21	74 19	.018	129.22		.43
ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY	40	178		12,246.08	68.80	.002	306.15		.14
PATHOLOGY	1,990	3,075		51,165.45	16.64	.035	25.71		.59
RADIOLOGY	3,549	5,806		174,637.38	30.08	.066	49.21		2.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	515	1,051		18,611.21	17.71	.012	36.14		.21
OTHER SERVICES/ALL X-OVERS	4,523	15 , 788		265,655.20	16.83	.181	58.73		3.04
@PHARMACY	32,308	224,411	\$	10,541,318.99		2.568 \$		\$	120.64
PRESCRIPTION DRUGS	32,051	118,980		10,205,545.54	85.78	1.362	318.42		116.79
SNF/ICF	2,912	18,871		954,431.68	50.58	.216	327.76		10.92
OUTPATIENTS	29.321	100,109		9,251,113.86	92.41	1.146	327.76 315.51		105.87
MEDICAL SUPPLIES	1,420	105,431		335,773.45	50.58 92.41 3.18	1.207	236.46		3.84
@DENTIST	4,343	16,419		652,633.75	\$ 39.75	.188 \$	150.27	\$	7.47
VISITS - DIAGNOSTIC	3,043	9,828		167,486.54	17.04	.112	55.04		1.92
ORAL SURGERY	544	1,707		81,451.87	47.72	020	149.73		.93
DRUGS	233	262		5,118.75	47.72 19.54	.003	21.97		.06
ANESTHESIA	54	57		5,550.00	97.37	.001	102.78		.06
PERIODONTICS	55	76		11,285.00	148.49		205.18		.13
ENDODONTICS	239	357		61,222.00	171.49	.004	256.16		.70
RESTORATIVE DENTISTRY	1,430	3,493		233,143.85	66.75	.040	163.04		2.67
PROSTHETICS	31	31		829.00	26.74	.000	26.74		.01
DENTURES, STAYPLATES	224	469		75,161.55	160.26	.005	335.54		.86
SPACE MAINTAINERS	35	36		4,951.00	137.53		141.46		
MAXILLOFACIAL SERVICES	5	5		464.19	92.84	.000	92.84		.01
FRACTURES, DISLOCATIONS	1	1		800.00	800.00 69.40	.000	800.00		.01
ORTHODONTIC SERVICES	54	67		4,650.00	69.40	.001	86.11		.05
ALL OTHER SERVICES	26	30		520.00	17.33	.000	20.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	P	AGE 8,814
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/17/03
NEVADA COUNTY	SUMMARY OF SERV	JICES FOR 80 TOTA	AL CE	RTIFIED					
						MON	ITHLY AVERA	GE	
87,381 ELIGIBLES	USERS	UNITS OF SERVICE	<u>c</u>	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
·		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	1,048	2,911	\$	63,332.00	\$ 21.76	.033 \$	60.43	\$.72
DIACNOCHIC AND AND DROCED					46 25		46 70		0.0

87,381 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CAR	EXPENDITURES	RAGE COST	UNITS/DAY PER ELIG	-	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,048	2,911	\$ 63,332.00	\$ 21.76	.033	\$	60.43	\$.72
DIAGNOSTIC AND ANC. PROCED	545	550	25,492.42	46.35	.006		46.78	.29
EYE APPLIANCES	775	2,196	34,345.77	15.64	.025		44.32	.39
OTHER OPTOMETRIC SERVICES	132	165	3,493.81	21.17	.002		26.47	.04
@CHIROPRACTOR	317	502	\$ 8,177.85	\$ 16.29	.006	\$	25.80	\$.09
VISITS	297	464	7,753.90	16.71	.005		26.11	.09
OTHER SERVICES	20	38	423.95	11.16	.000		21.20	.00
@PODIATRIST	639	766	\$ 10,133.47	\$ 13.23	.009	\$	15.86	\$.12
MEDICINE/INJECTIONS	87	94	2,681.45	28.53	.001		30.82	.03
SURGERY/ANES.	2	2	103.14	51.57	.000		51.57	.00
RADIO./PATHOLOGY	3	3	47.60	15.87	.000		15.87	.00
OTHER	561	667	7,301.28	10.95	.008		13.01	.08
@HOME HEALTH AGENCY	201	6 , 005	\$ 194,990.45	\$ 32.47	.069	\$	970.10	\$ 2.23
NURSE ANESTHESIST	14	185	\$ 470.99	\$ 2.55	.002	\$	33.64	\$.01
NURSE MIDWIFE	22	75	\$ 7,179.44	\$ 95.73	.001	\$	326.34	\$.08
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

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FAMILY NURSE PRACTITIONER	359	452	Ş	11,215.79	\$	24.81	.005		\$.13
@TOTAL HOSPITAL	12,005	63,377	\$	6,507,746.05	\$	102.68	.725		Ş	74.48
HOSP INPATIENT TOTAL	1,147	5,428		5,015,229.98		923.96	.062	4372.48		57.39
HSC HOSPITALS	160	1,207		1,527,198.09		1265.28	.014	9544.99		17.48
NON-HSC HOSPITAL TOTAL	684	2,615		3,260,723.05		1246.93	.030	4767.14		37.32
ACCOMMODATIONS	683	2 , 615		933,019.53		356.80	.030	1366.06		10.68
ADMINISTRATIVE DAYS	10	169		51,702.63		305.93	.002	5170.26		.59
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	677	2,446		881,316.90		360.31	.028	1301.80		10.09
ANCILLARIES	684	0		2,327,703.52		.00	.000	3403.08		26.64
INPATIENT CROSSOVERS	319	1,606		227,308.84		141.54	.018	712.57		2.60
ALL OTHER INPATIENT	0	. 0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	11,295	57 , 949		1,492,516.07		25.76	.663	132.14		17.08
MEDICAL	1,356	1,822		64,802.17		35.57	.021	47.79		.74
SURGERY	1,051	1,182		36,116.02		30.56	.014	34.36		.41
PATHOLOGY	4,234	16,171		207,502.27		12.83	.185	49.01		2.37
RADIOLOGY	2,797	4,049		296,796.45		73.30	.046	106.11		3.40
ROOM USE	6,264	9,638		368,128.11		38.20	.110	58.77		4.21
CROSSOVERS/ALL OTH OUTPTNT	5,685	25,087		519,171.05		20.69	.287	91.32		5.94
@COUNTY HOSPITAL TOTAL	19	200	\$	109,736.93	\$			\$ 5775.63	Ś	1.26
CO HOSPITAL INPATIENT TOTAL	1	98	7	106,384.78	-T	1085.56	.001	106384.78	т.	1.22
HSC HOSPITALS	1	53		71,656.00		1352.00	.001	71656.00		.82
NON-HSC HOSPITALS TOTAL	1	45		34,728.78		771.75	.001	34728.78		.40
ACCOMMODATIONS	1	45		10,408.50		231.30	.001	10408.50		.12
ADMINISTRATIVE DAYS	1	45		10,408.50		231.30	.001	10408.50		.12
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	1	0		24,320.28		.00	.000	24320.28		.28
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	18	102		3,352.15		32.86	.001	186.23		.04
MEDICAL MEDICAL	7	8		515.06		64.38	.000	73.58		.04
	2	4								
SURGERY	5	4 25		75.19		18.80	.000	37.60		.00
PATHOLOGY	5 4	25 7		408.03		16.32	.000	81.61		.00
RADIOLOGY	-	· · · · · · · · · · · · · · · · · · ·		140.91		20.13	.000	35.23		
ROOM USE	13	28		1,413.51		50.48	.000	108.73		.02
CROSSOVERS/ALL OTH OUTPTNT	12	30		799.45		26.65	.000	66.62	_	.01
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT RI	EPOR	RT FOR JAN	2002 THRU	DEC 2002	Р	AGE 8,815
MOP024	FEE-FOR-SERVICE									01/17/03
NEVADA COUNTY	SUMMARY OF SERV	ICES FOR 80 TOT	'AL CE	ERTIFIED						
05 004			_					ONTHLY AVERA	-	
87,381 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST				COST PER
0		OR DAYS OF CAR				ER UNIT/DAY	_			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,993	63,177	\$	6,398,009.12	\$.723	•	Ş	73.22
COMM HOSP INPATIENT TOTAL	1,146	5 , 330		4,908,845.20		920.98	.061	4283.46		56.18

87,381 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,993	63 , 177 \$	\$ 6,398,009.12	\$ 101.27	.723	533.48	\$ 73.22
COMM HOSP INPATIENT TOTAL	1,146	5 , 330	4,908,845.20	920.98	.061	4283.46	56.18
HSC HOSPITALS	159	1,154	1,455,542.09	1261.30	.013	9154.35	16.66
NON-HSC HOSPITALS TOTAL	683	2,570	3,225,994.27	1255.25	.029	4723.27	36.92
ACCOMMODATIONS	682	2,570	922,611.03	358.99	.029	1352.80	10.56
ADMINISTRATIVE DAYS	9	124	41,294.13	333.02	.001	4588.24	.47
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	677	2,446	881,316.90	360.31	.028	1301.80	10.09
ANCILLARIES	683	0	2,303,383.24	.00	.000	3372.45	26.36
INPATIENT CROSSOVERS	319	1,606	227,308.84	141.54	.018	712.57	2.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11,284	57 , 847	1,489,163.92	25.74	.662	131.97	17.04
MEDICAL	1,351	1,814	64,287.11	35.44	.021	47.58	.74

SURGERY	1,049	1,178	36,040.83	30.59	.013	34.36	.41
PATHOLOGY	4,229	16,146	207,094.24	12.83	.185	48.97	2.37
RADIOLOGY	2,794	4,042	296,655.54	73.39	.046	106.18	3.39
ROOM USE	6,255	9,610	366,714.60	38.16	.110	58.63	4.20
CROSSOVERS/ALL OTH OUTPINT	5,674	25,057	518,371.60	20.69	.287	91.36	5.93
@STATE HOSPITAL	7	212	\$ 91,450.59	\$ 431.37	.002	\$ 13064.37	\$ 1.05
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	212	91,450.59	431.37	.002	13064.37	1.05
@NURSING FACILITY	3,174	94,708	\$ 9,968,202.73	\$ 105.25	1.084	\$ 3140.58	\$ 114.08
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	7	220	20,497.80	93.17	.003	2928.26	.23
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3,168	94,488	9,947,704.93	105.28	1.081	3140.06	113.84
@INTERMEDIATE CARE FACILDD	65	2,151	\$ 308,282.43	\$ 143.32	.025	\$ 4742.81	\$ 3.53
ICF DDH	11	356	52,748.52	148.17	.004	4795.32	.60
ICF DD	29	1,085	130,774.80	120.53	.012	4509.48	1.50
ICF DDN/DDCN	25	710	124,759.11	175.72	.008	4990.36	1.43
@HEMODIALYSIS TOTAL	222	3,922	\$ 211,894.67	\$ 54.03	.045	\$ 954.48	\$ 2.42
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	222	3,922	211,894.67	54.03	.045	954.48	2.42
@REHABILITATION FACILITY	82	934	\$ 13,891.83	\$ 14.87	.011	\$ 169.41	\$.16
HOSPITAL BASED	15	39	1,970.93	50.54	.000	131.40	.02
INDEPENDENT FACILITY	67	895	11,920.90	13.32	.010	177.92	.14
@LABORATORY FACILITY	1,614	4,592	\$ 73,638.18	\$ 16.04	.053	\$ 45.62	\$.84
PATHOLOGY	1 , 598	4,293	73,415.51	17.10	.049	45.94	.84
XO AND OTHERS	16	299	222.67	.74	.003	13.92	.00
@ORGANIZED OUTPATIENT CLINIC	3,986	7,884	\$ 791,958.13	\$ 100.45	.090	\$ 198.68	\$ 9.06
CLINIC	709	2,219	63,316.01	28.53	.025	89.30	.72
SURGICENTER	61	267	10,867.27	40.70	.003	178.15	.12
HEROIN DETOX CLINIC	3	11	160.60	14.60	.000	53.53	.00

RURAL HEALTH CLINIC 3,254 5,387 717,614.25 133.21 .062 220.53 8.21 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,816

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
NEVADA COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

						MC	ONTHLY AVERA	GE
87,381 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6,666	298,205	\$	1,704,477.74	\$ 5.72	3.413	\$ 255.70	\$ 19.51
DURABLE MED. EQUIP.	569	1,941		253,613.26	130.66	.022	445.72	2.90
BLOOD BANK	1	10		191.00	19.10	.000	191.00	.00
HEARING AID DISPENSERS	96	134		24,610.88	183.66	.002	256.36	.28
MEDICAL TRANSPORTATION	558	12,207		149,635.14	12.26	.140	268.16	1.71
AMBULANCES/AIR TRANS	398	5,498		97,770.42	17.78	.063	245.65	1.12
OTHER TRANS	68	3,975		11,555.24	2.91	.045	169.93	.13
OTHER SERVICES	116	2,734		40,309.48	14.74	.031	347.50	.46
ACUPUNCTURE	8	30		454.17	15.14	.000	56.77	.01
ADULT DAY HEALTH CARE CTR	302	3 , 877		256,648.32	66.20	.044	849.83	2.94
GENETIC DISEASE TESTING	274	275		21,866.00	79.51	.003	79.80	.25
IHMC, MODEL-NF, NF, AIDS, MSSP	108	5 , 395		185,378.58	34.36	.062	1716.47	2.12
OCCUPATIONAL THERAPIST	5	55		446.78	8.12	.001	89.36	.01
OPTICIAN	996	2,221		23,156.19	10.43	.025	23.25	.27
PHYSICAL THERAPIST	8	22		462.10	21.00	.000	57.76	.01
PORTABLE X-RAY	16	29		162.18	5.59	.000	10.14	.00
PROSTHETIST/ORTHOTISTS	172	476		41,437.82	87.05	.005	240.92	.47
PROSTHETICS	153	452		40,618.13	89.86	.005	265.48	.46
ORTHOTICS	19	24		819.69	34.15	.000	43.14	.01
PSYCHOLOGIST	15	45		1,210.48	26.90	.001	80.70	.01
SPEECH AND AUDIOLOGY	150	398		38,588.54	96.96	.005	257.26	.44
HOSPICE SERVICES	94	2,249		236,795.91	105.29	.026	2519.11	2.71
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,998	58 , 876		270,357.10	4.59	.674	135.31	3.09
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,668	209 , 965		199,463.29	.95	2.403	119.58	2.28
@CALIF. CHILDREN SERVICES*	603	10,290	\$	1,042,815.75	\$ 101.34	.118	\$ 1729.38	\$ 11.93
@XOVER EXCLUDING STATE HOSP**	5 , 922	52 , 827	\$	1,042,430.75	\$ 19.73	.605	\$ 176.03	\$ 11.93

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.